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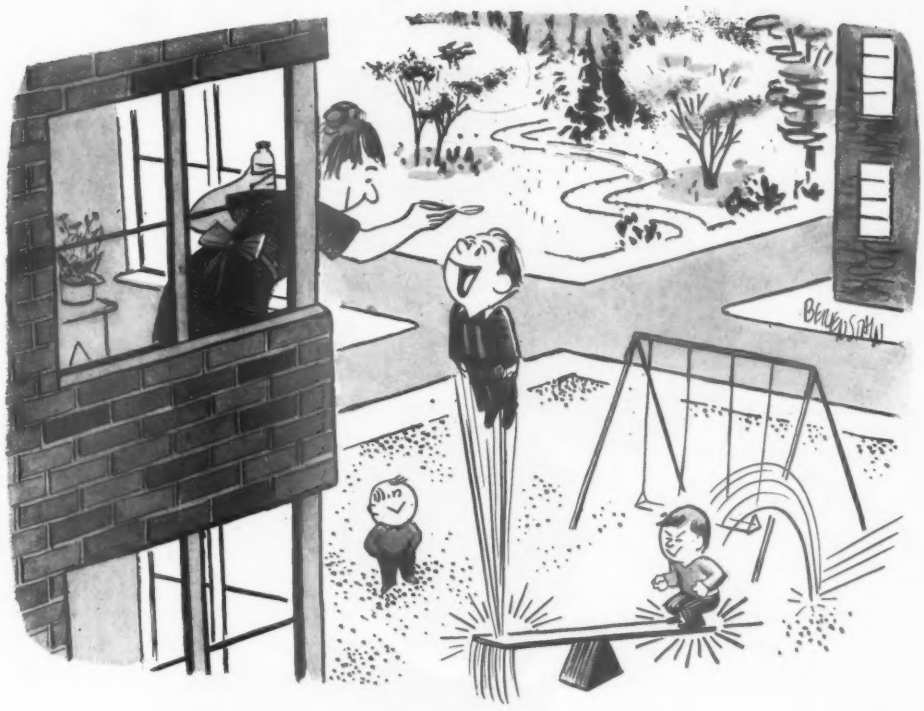

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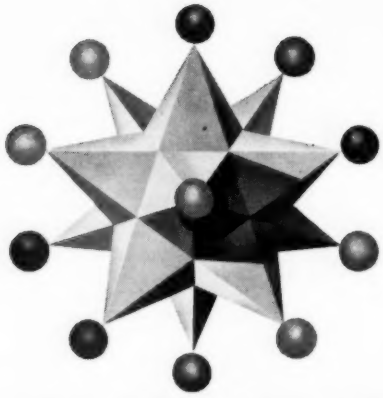

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World Health Organization

IN THESE TROUBLED TIMES when international relations in many areas are revealing evidences of strain and tension, when cynicism and disillusionment dominate the thinking of many individuals regarding the "one world" concept, it is imperative that we turn our thoughts from the failures and frustrations and focus upon the positive accomplishments of the United Nations, particularly of its World Health Organization. Thus will faith be restored and hope revived, for so much has been accomplished in so short a time!

The WHO Emblem*

Let us remember that WHO has had only two full years of activity as a permanent specialized agency of the United Nations. Just five years ago, on July 22, 1946, the constitution for a World Health Organization was signed by representatives of 61 governments assembled in New York for the International Health Conference. That constitution was adopted unanimously and the document, which is a declaration of the rights of man to freedom from sickness, has come to be known as the "Magna Charta of Health." The concepts of the Organization's responsibilities as an international health institute are inspiringly stated in the preamble.

When the governments of 26 member states of the United Nations officially accepted the constitution, WHO was formally recognized as an official agency. This occurred on April 7, 1948. Now there are 78 member and one associate member states, since Japan, Spain, and the German Federal Republic were admitted during the Fourth World Health Assembly this past May.

An impressive account of concrete achievement is recorded in the report of WHO Director-General, Dr. Brock Chisholm. One hundred countries and territories received direct assistance from WHO in 1950, while world-wide technical services were made available to all nations. "From the beginning WHO has been regarded as a practical and useful co-operative medium through which the knowledge, skills, and techniques of modern public health practice and medical science, now available in some countries, may be made accessible to all nations intent upon strengthening their public health services. Governments, by their requests and their co-opration, have confirmed this point of view."

WHO has also "continued to carry out in every possible way the obligations placed upon it by its constitution in co-ordinating international health work so that dangers of competition and of harmful or unnecessary duplication of effort may be avoided as far as possible."

Progress made by WHO in 1950 has "been greatly assisted by the rapid decentralization which has taken place during the year—and by the division into regions. Because of the great amount of responsibility and authority vested in the regional officers, and the contacts established by them with

*Reproduction of the official emblem of the World Health Organization.

the countries in the regions, WHO's programs have been better adapted to local conditions and needs than was formerly possible." There are now six regions: African, the Americas, South-East Asia, European, Eastern Mediterranean, and Western Pacific.

One of the problems faced by WHO is the lack of well trained personnel. Toward the solution of this problem, WHO has increased its fellowship program (a total of 345 fellowships were awarded during 1950) and has sponsored and organized conferences and seminars.

This, the July JOURNAL, as in previous years, is dedicated to the World Health Organization and in the following pages publishes articles dealing with important programs of WHO which were prepared for the JOURNAL by WHO experts. Succeeding these is the Director-General's report for 1950 to the Fourth World Health Assembly in May, 1951, which, because of limitations of space, has been condensed for the JOURNAL by Roberto Rendueles, WHO Public Information Officer at New York. We are pleased indeed to present this amazing document of achievement which must "ultimately demonstrate the truth of one of the cardinal principles of the World Health Organization—namely, that the raising of physical, mental, and social health standards will help to establish a happier and more peaceful world."

—A.C.R.

PREAMBLE TO THE CONSTITUTION OF THE WORLD HEALTH ORGANIZATION

"The States parties to this Constitution declare, in conformity with the Charter of the United Nations, that the following principles are basic to the happiness, harmonious relations and security of all peoples:

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

"The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

"The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States.

"The achievement of any State in the promotion and protection of health is of value to all.

"Unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger.

"Healthy development of the child is of basic importance: the ability to live harmoniously in a changing total environment is essential to such development.

"The extension to all peoples of the benefits of medical psychological and related knowledge is essential to the fullest attainment of health.

"Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people.

"Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.

"ACCEPTING THESE PRINCIPLES, AND FOR THE PURPOSE OF CO-OPERATION AMONG THEMSELVES AND WITH OTHERS TO PROMOTE AND PROTECT THE HEALTH OF ALL PEOPLES, THE CONTRACTING PARTIES AGREE TO THE PRESENT CONSTITUTION AND HEREBY ESTABLISH THE WORLD HEALTH ORGANIZATION AS A SPECIALIZED AGENCY WITHIN THE TERMS OF ARTICLE 57 OF THE CHARTER OF THE UNITED NATIONS."

Non-Venereal Treponematosis

A WORLD HEALTH PROBLEM OF UNDERPRIVILEGED CHILDREN

Frank W. Reynolds, M.D., M.P.H.

and

Thorstein Guthe, M.D., M.P.H.

FOR THE PAST quarter of a century, there has been considerable controversy over the question of whether the treponemal diseases (syphilis, yaws, bejel, and pinta) constitute one disease with environmental variations or entirely separate entities. Recent developments have focused attention on the points of similarity rather than on the points of difference, and have indicated the practical importance of a world view of the treponematoses.

It is known that the causative agents of syphilis,[1] yaws,[2] bejel,[3] and pinta[4] are all readily susceptible to the action of penicillin and it has been demonstrated that ambulatory treatment based on repository penicillin preparations is feasible in mass application. It also has been established that there is a close similarity between the humoral antibodies that develop in the course of syphilis and those that develop as a result of yaws.[5] That there exists a high degree of reciprocal immunity between syphilis and yaws has been known for some time.[6,7]

A global view of the treponematoses brings an increased appreciation of the fact that the treponemal diseases are often non-venereal in their method of spread, and hence frequently diseases of childhood rather than of the sexually active adult. Particularly is this true of yaws and pinta, in both of which the vast majority of cases occur before sexual maturity. What is not generally appreciated is the fact that in many parts of the world syphilis also is transmitted non-venereally through juvenile contact play, common eating and drinking utensils, common beds, towels and clothing, and perhaps also by insect vectors. The juvenile endemic syphilis of Bosnia[8] and Inner Mongolia,[9] the "bejel" of Syria[10] and Iraq,[11] and the "njovera" of Rhodesia[12] represent health problems as real today as the "sibbens" of England in the time of Oliver Cromwell, the "radesyge" of Norway in the 18th Century, and the "spryocolon" of Greece and Russia in the 19th Century.

The common denominator in all these non-venereal treponematoses is an underdeveloped socioeconomic state and, consequently, unhygienic living conditions. In such a situation as this, proper cleanliness and personal hygiene are extremely difficult, and treponemal diseases (together with other conditions such as scabies, impetigo, and favus) flourish among the underprivileged children. Even temporary disturbances in living standards suffice to facilitate the spread of non-venereal syphilis, as occurred, for example, in Budapest after World War II.[13]

It is the policy of the World Health Organization (WHO) that nations advanced in technical skills and rich in material resources should share these skills and these resources with their less fortunate neighbors. Accordingly, the emphasis is on assistance to underdeveloped countries. In many of these countries treponemal diseases constitute major health problems, and a broad program to control them is being developed by WHO. Because yaws and endemic syphilis are so predominantly diseases of underprivileged children, the United Nations Children's Emergency Fund (UNICEF) has furnished hundreds of thousands of dollars worth of supplies and equipment for the treponemal disease control campaigns that are under the professional supervision of WHO.

The keystone of the present-day approach to controlling yaws and non-venereal syphilis is the availability of repository penicillin preparations, which have made feasible for mass application the "one-shot" or "few-shots" schedules of therapy that have been sought since the days of Ehrlich. These greatly simplify such administrative details as long-term case-holding, which formerly complicated campaigns based on the treatment of patients with arsenicals and bismuth.

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Figure 1, Yaws patient before and after single injection of procaine penicillin G in oil with 2 percent aluminum monostearate.

The simplification of therapy has quite outstripped the availability of diagnostic and treatment facilities in the less developed areas of the world where the larger reservoirs of these diseases are found. Rather than deny the benefit of treatment to the masses, pending the years that must elapse before facilities for diagnostic refinements materialize, modern treatment is being applied in advance of such aids through mobile teams and trained auxiliary personnel in well organized, large-scale campaigns.

It is obvious that mass campaigns based on the use of repository penicillin must be preceded by careful preliminary analysis of the problem, by the development of plans and methodology suitable for the local situation, and usually by a demonstration and training phase in order that there be made available a sufficient number of competent local medical and ancillary technical personnel to carry out the work. It is also clear that mass treatment campaigns to eliminate the bulk of the infectious reservoir must be followed by intensive case-finding and treatment, and that constant vigilance must be maintained lest there be a recrudescence of the disease.[14,15]

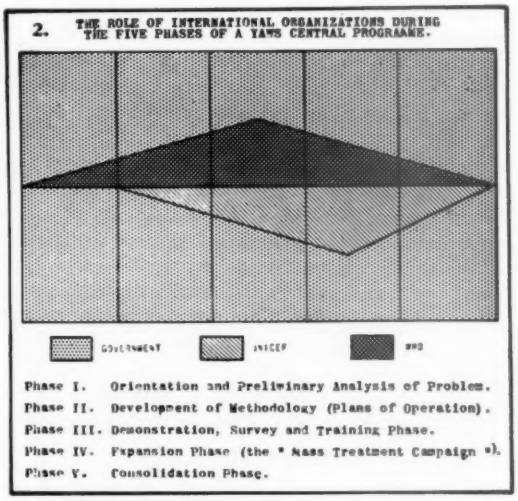
In the control of the treponematoses, there is an important but by no means dominant role for international organizations such as WHO, which can make available to underdeveloped countries advisory and technical services, and UNICEF, which can supplement the resources of these countries by providing essential supplies and equipment. The part these international agencies can play most effectively in assisting health services of a country to develop a program for the control of the treponemal diseases is shown diagrammatically in Figure 2. The role of WHO and UNICEF should be additive to the efforts of national health administrations and not a substitute for effective action on the local level.

The World Health Organization, in collaboration with UNICEF, currently is engaged in large scale campaigns for yaws control in Haiti, Indonesia, Thailand, and the Philippine Islands, for bejel control in Iraq, and for the control of endemic syphilis in Yugoslavia. Already thousands of children have been effectively treated who otherwise might have been seriously deformed as a result of these diseases.

The work toward the eradication of endemic syphilis among the villagers in parts of rural Yugoslavia has focused world-wide attention on the success of this type of treponemal disease control by mass penicillin therapy. The results thus far support the practicability of this method of approach under favorable conditions. In a recent progress report, Grin[16] states:

"Although the results obtained do not allow definite conclusions in regard to the cure of syphilis, nevertheless the clinical and serological results are very satisfactory, and allow two significant epidemiologic statements:

"(a) In (a village of high prevalence), we have been able to examine 100 percent of the population and to treat without exception all infected cases. In this way it was possible to elimi-


2. THE ROLE OF INTERNATIONAL ORGANIZATIONS DURING THE FIVE PHASES OF A YAWS CENTRAL PROGRAMME.
Phase I. Orientation and Preliminary Analysis of Problem.
Phase II. Development of Methodology (Plans of Operation).
Phase III. Demonstration, Survey and Training Phase.
Phase IV. Expansion Phase (the " Mass Treatment Campaign ").
Phase V. Consolidation Phase.

nate the local reservoirs of infection and, in view of the very low migration of the population in this area, the opportunity to contract syphilis from other foci in the region was of no importance. With regard to such circumstances the epidemiological effect was evident; the control examination of the health members of the infected families showed that ten months after treatment of their relatives in no case occurred a new genital or extragenital infetion and that also all non-infected families remained so.

"(b) The second very important conclusion is the fact that in the village described, now, ten months after treatment, not one failure (relapse or reinfection) was observed."

There is every reason to believe that if it is intelligently planned and meticulously executed, much can be accomplished by a "mass treatment" program, since a concerted effort to reduce the reservoirs of infectiousness cannot fail to exert a beneficial effect on the incidence of fresh treponemal infections.

In mass treatment campaigns against yaws, the primary emphasis should be upon the elimination of infectious cases. This does not preclude the treatment of disfiguring and deforming late manifestations of the disease, nor the discovery and treatment of latent cases, which if untreated may become reactivated and serve as a focus for further spread. Nevertheless, from the public health standpoint, the latter types of cases are of secondary importance during the expansion of the program.

There is ample evidence, however, that mass treatment alone does not suffice. The enormous difficulties in case-finding, especially in rural areas, the infectious relapses that occasionally follow penicillin treatment, and the recrudescences in cases that were latent at the time of the mass treatment program require that in addition to the initial campaign there be supplemental procedures of a more permanent nature.

The experience of Harding[17] is illustrative. His campaign was carried out among a population of 276,000 people in Sierra Leone, and the treatment was with stovarsol and bismuth. After initial mass diagnosis and treatment, there was a marked reduction in infectious yaws. When this was followed by the establishment of permanent treatment facilities, the incidence continued to fall, but when this was further supplemented by case-finding home visits, no infectious cases were found in samples of 1,500 to 1,700 persons about 15 months after the initial treatment. In contrast to this, when mass treatment alone was used, the disease was found again to be increasing within 8 months of the time the treatment was given (Figure 3).

One of the eminently practical details of a mass treatment campaign is the determination of the optimal dosage of penicillin to be used. With all schedules of penicillin administration thus far utilized on a mass basis there have been (as indeed there also have been with metal chemotherapy) a certain number of infectious relapses or reinfections. This number roughly has been inversely proportional to the duration of the effective penicillin serum (and tissue) concentrations, and thus inversely related to the cost per patient treated. Because penicillin remains one of the most expensive single items to be budgeted in a yaws control program, it is obvious that the decision as to penicillin dosage must be a "calculated risk" compromise between maximum therapeutic efficacy and administrative expediency.

3.

THE OUTCOME* OF YAWS CAMPAIGNS IN SIERRA LEONE FOLLOWING MASS THERAPY WITH AND WITHOUT FOLLOW-UP MEASURES (MODIFIED FROM HARDING)

	1941	1942	1943	1944	1945	1946
Mass Treatment Only	13.7	5.8	-	7.5	-	-
Mass Treatment plus Permanent Treatment Facilities	-	5.8	-	3.0	1.8	-
Mass Treatment, Permanent Facilities plus Home Visits	-	-	-	3.4	0.6	0

*All rates are expressed as percentage prevalence of infectious yaws among sample population groups.

This problem has been considered by the WHO Expert Committee on Venereal Infections and Treponematosis,[16] which has expressed the following opinion:

"There is now evidence to support the view that with penicillin, a high proportion of cures can be obtained in early infectious treponemal infectious if therapeutically effective serum concentrations are maintained for a minimum of 4 to 6 days. 'Penicillin-free' intervals in the serum should not exceed 24 hours and the frequency of injections should be adjusted according to the immediate or delayed effect characteristics of the penicillin preparations used.

"Procaine penicillin G in oil gelled with 2 percent aluminum monostearate, microcrystalline 5 microns (internationally designated at PAM), is

now the preparation of choice and it should be used in the treatment of early infectious treponemal infections with due regard to the above facts. . . .

"For mass campaigns, it is recognized that penicillin must be conserved insofar as is compatible with effective public health results. There is, however, a limit below which the total dosage of penicillin is not compatible with effective results in a sufficiently high percentage of cases.

"As a compromise between maximum efficacy and practical expediency, it is suggested that field teams consider 1.2 million units of PAM to be the *minimum dosage* for the treatment of early infectious lesions in adults. . . .

"It is further suggested to field teams engaged in mass campaigns that they administer on the day the diagnosis is established the full *minimal total dose* indicated above. Following this, whenever feasible from the standpoint of field operations, a further injection may be given 3-5 days later, the dosage suggested being one-half that of the first injection."

It remains to be seen in the coming decades whether the low incidence of infectious yaws or syphilis attained in some areas as a result of mass penicillin treatment will lead to the elimination of infectious cases in large population groups; whether integration of specific control measures into the general preventive and curative health services, with continued emphases on treponemal diseases will result in their ultimate extinction; and whether their actual eradication, including late and latent stages, will be possible. Nevertheless, the outlook for the ultimate control of the treponemal diseases is brighter now than at any time in the past.

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Work of WHO in Brucellosis

Martin M. Kaplan, V.M.D., M.P.H.

BRUCELLOSIS is included in the list of diseases selected by the member countries of the World Health Organization for special attention on its program for communicable diseases. Emphasis is placed on this disease because brucellosis affects large numbers of agricultural workers and other exposed groups in many countries, and huge economic and nutritional losses result from the decline in milk production and breeding efficiency of affected livestock. The masked nature of the disease in human beings and the difficulties inherent in its diagnosis do not permit ready acceptance of reported statistics of its incidence. Thus, despite the fact that only 4,000 to 6,000 cases per year for the past several years have been officially reported in the United States, reliable estimates have placed the number of cases occurring annually at between 10,000 and 40,000, and perhaps as high as 100,000.[1,2,3] France provides another good example of the discrepancy between reported and actual cases of the disease; approximately 1,400 cases were reported for 1949, whereas there were probably over 9,000 cases that year.[4] Other countries having relatively large numbers of human cases are Mexico, Peru, and other Latin American countries; Italy, Malta, Spain, and other Mediterranean countries.

In animals, the disease is known to exist in almost all parts of the world where there are susceptible livestock. The existence of widespread infection in cattle, sheep, and goats of the Mediterranean countries and Latin America is well established. In the United Kingdom and in northern and central Europe, except for the Scandinavian countries, between 15 and 50 percent of the cattle herds are infected with brucellosis.[5] For the United States, the figure is approximately 16 percent.[6] As far as is known from the meager information available, the disease is apparently of little importance among animals in the economically retarded countries of Asia and Africa, except in areas where European breeds of livestock have been introduced. It should be pointed out, however, that where careful local studies have been pursued in some of these countries, as, for example, in certain parts of India,[7] indigenous infection has been shown to be surprisingly prevalent (10 to 50 percent).

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It is not within the scope of this paper to deal with the technical aspects of the disease. For this information the reader is referred to an article by the author where recent developments concerning brucellosis are reviewed.[8] In describing, however, the efforts of WHO to combat this disease on an international scale it would be helpful to summarize briefly the major problems and needs in this field.

(1) Surveys in various countries on the prevalence of the disease in man and animals; the improved reporting of statistics.
(2) Epidemiological studies concerning the transmission of brucellosis by the different animal reservoirs.
(3) The international standardization of the seroagglutination test; the improvement and standardization of intradermic agents and other diagnostic procedures for man and animals.
(4) Uniform and simplified bacteriological techniques for the culture and typing of Brucella.
(5) Critical studies on antibiotic-sulfonamide and vaccine therapy in human brucellosis.
(6) The application of known effective measures for the control of brucellosis in animals and the prevention of its spread to man.

In order to meet these problems effectively, close collaboration was established last year between national and international medical and veterinary authorities, in particlar WHO, FAO (Food and Agriculture Organization), International Office of Epizootics, and Inter-American Congresses on Brucellosis. Probably the two most important steps taken were the formation and convening of a Joint FAO/WHO Expert Panel on Brucellosis, and the designation of 12 FAO/WHO brucellosis centers in different countries of the world.

In November, 1950, 26 members of the Joint FAO/WHO Expert Panel on Brucellosis met in Washington during and after the Third Inter-American Congress on Brucellosis. A report on the first session of the panel has been published and contains specific recommendation concerning the

problems listed previously.[8] It might be of interest to outline the opinion of the panel on some of these questions.

Laboratory diagnostic criteria for human infection receive detailed consideration in the report of the panel. Improved methods of culture of Brucella are given, and next to culture of the organism, the sero-agglutination test is considered to be the most reliable means of diagnosis. Because of the wide variation of antigens and procedures used in different laboratories, recommendations are made for the standardization of this test so that results reported in one laboratory will have bases of references elsewhere. The complement-fixation and opsonocytophagic tests are not felt to have practical value in routine diagnosis, although in special circumstances they might be useful. It is felt further that the results of an intradermal test should be interpreted as determining a specific allergic condition of the individual, and should be regarded as free from other diagnostic significance. Further study and standardization of intradermic antigens are urged.

It is recognized that the newer antibiotics such as aureomycin, chloramphenicol, and terramycin, singly or in combination with streptomycin and a suitable sulfonamide, mark a great advance in the treatment of human brucellosis. It is pointed out, however, that they do not furnish a complete solution of the problem, since relapses have been observed following the use of each antibiotic singly or in combination. Careful clinical and laboratory studies are urged for evaluating properly the various chemotherapeutic agents. Vaccine therapy is placed subordinate to chemotherapy, and careful studies in vaccine therapy are recommended in order to be able to define more clearly their place in the therapeutic armamentarium..

The report further notes that since brucellosis is not generally transmitted from person to person, the prevention of human infection is dependent upon the control and elimination of this disease in animals. Cross-infections of cattle, sheep, goats, and swine, as well as human infection, can occur with any of the three species of *Brucella* (*Br. abortus, Br. suis,* and *Br. melitensis*). In livestock affected with brucellosis, economic losses are caused by abortion or premature birth, decreased milk flow, and temporary or permanent infertility. Huge savings to the national economy can be effected by a successful campaign against brucellosis. In the United States, for example, it is estimated that a reduction of incidence of bovine brucellosis by one-half has resulted in a $50,000,000 annual saving to the livestock industry; in Norway, where brucellosis of cattle has been almost completely eradicated, the cost of the entire program was less than the estimated annual loss formerly caused by this disease. A large part of the report, therefore, is devoted to the problem of control of brucellosis in livestock, and detailed recommendations are made in this connection.

Chemotherapy is ineffective in animal brucellosis. The bases of control measures lie in sanitary procedures, diagnostic tests, and elimination of infected animals, vaccination, and a combination of the latter two procedures. The report covers each of these control measures separately, and procedures are recommended which can be adapted to both economically advanced and lesser developed countries. Great stress is laid on the desirability for uniformity in laboratory diagnostic procedures and their interpretation and the production and use of biological products, particularly strain 19 vaccine for cattle, employed in this disease.

Finally, in the report the panel urges expanded activities on the part of WHO and FAO in brucellosis research, in the distribution of stock cultures and standard sera, and in the provision of technical advice to requesting countries.

WHO and FAO have already taken action on many of these recommendations. During the course of 1950, and early in 1951, FAO/WHO brucellosis centers were designated in Argentina, Australia, Denmark, England, France, Greece, Italy, Mexico, Turkey, Union of South Africa,United States, and Yugoslavia. It is planned to establish one additional center in Latin America and two more in the Far East. The center in the United States is located at the medical and veterinary schools of the University of Minnesota, under the direction of Dr. Wesley W. Spink.

These centers function for local and international purposes in brucellosis, apart from their usual routine duties. Primarly, they are used for the preparation and testing of standard antigens, vaccines, and other biologial products, as diagnostic centers, and as teaching and information centers for their own and nearby countries. Information documents on brucellosis are prepared by WHO and distributed periodically to the centers. Thus, through exchanges of information and correspondence amongst the panel members and between the centers, the latest advances in research are rapidly communicated to leading brucellosis workers throughout the world.

In order to enable some laboratories to undertake the necessary activities, WHO gave monetary grants in 1950 to certain of these centers, particularly to those in France, Italy, Turkey, Mexico, and Argentina. The United Nations International Children's Emergency Fund (UNICEF) assisted in

establishment of the centers in Yugoslavia and Italy by purchasing laboratory equipment and chemotherapeutic products. In 1951, WHO will purchase standard media, dyes, and antigens for distribution and use in all the centers.

It should be mentioned that several members of the FAO/WHO Expert Panel on Brucellosis, although not attached directly to any of the centers, are collaborating in their own laboratories and clinics with the work of the centers.

Highly gratifying results have already been achieved through the coordination of activities of these centers. Of great importance has been the progress in adoption of unified laboratory procedures, especially in the diagnosis of brucellosis. This approach is being extended to include the production of vaccines and other biological products. Also, overlapping and duplication of research work have been avoided and the various centers are now engaged in work needed on different aspects of the disease. Where difficulties or divergent results have been experienced by one center, it has been possible to enlist the aid of a second center for checking purposes. Advanced and well equipped centers are thus used to assist other centers which cannot cope with a particular problem.

Besides the general functions mentioned previously and individual research problems, the following specific projects and studies, many of them suggested and initiated by WHO, are now under way in the various centers:

(1) The exchange of strains of Brucella, their comparative testing according to procedures recommended by the brucellosis panel, and the selection of the three type species of Brucella. The strains agreed upon as representing the three type species will be freeze-dried and distributed to all the centers as reference strains.

(2) Antibiotic-sulfonamide and vaccine therapy in human brucellosis.

(3) Hemoculture in human beings and other diagnostic procedures apart from the sero-agglutination test.

(4) The sero-agglutination test in man and animals.

(5) The standardization of antigens used in the milk-ring test and application of the ring test in cattle.

(6) Simplified production of strain 19 vaccine for cattle.

(7) Improved diagnostic and vaccine procedures in sheep and goats (intradermic and milk-ring tests).

(8) Local and regional surveys on the prevalence of brucellosis.

The wholehearted cooperation given to WHO and FAO by the brucellosis centers exemplifies the willing spirit of national health administrations and scientific workers for international collaboration under UN leadership. The great source of facilities provided by these centers, pooled by a coordination of their efforts by WHO, is an invaluable asset in the advancement of knowledge in this field. The results and benefits thus obtained become available for rapid world-wide distribution and are contributing greatly to the conquest of brucellosis in many countries.

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The WHO Nutrition Program

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In general the functions of the World Health Organization in the field of nutrition fall into two major categories:

(A) To render assistance to governments, at their request, to build up national nutrition services either in relation to administration, teaching, or research. This is usually done by providing consultants to governments or institutions, fellowships for workers to study abroad or attend national or regional training courses, and, where necessary, scientific or teaching equipment as part of comprehensive programs in these aspects. WHO can assist in the exchange of scientific information by arranging for seminars or discussion groups at which experts from various countries have an opportunity to exchange their experiences. This is particularly suitable for senior workers or specialists in particular fields. (It is not proposed to discuss any further WHO's program in the field of nutrition in respect to this kind of work.)

(B) To serve as a leader in stimulating interest and work in nutrition problems as they relate to health and disease. In this kind of work, problems of world-wide significance or importance are selected for special attention. Three such problems are receiving attention now; these are infant feeding problems in underdeveloped countries, endemic goiter, and the assessment of nutritional status. Some indication of the way in which WHO has worked in these fields may be of interest:

(1) *Infant Feeding Problems.* In well developed countries like those of Western Europe and North America, methods of infant feeding have now become standardized around the use of either human milk or some form of cow's milk. There is a tendency in these countries to accept the fact that these foods are the only satisfactory ones for infants. This concept is of course a natural outcome of experience in these countries, but it ignores the fact that there are large areas of the world in which milk other than human milk is not available and is not likely to become available in the near future.

Dr. Clements is Chief of the Nutrition Section, World Health Organization.

Interest in this particular problem has been stimulated in recent times by the recognition that a high percentage of infant deaths in Africa, Asia, and South America is due to a group of syndromes which have been known by various names, such as kwashiorkor, malignant malnutrition, m'buaki, infantile pellagra, etc.

The Joint FAO/WHO Expert Committee on Nutrition at its first session in Geneva in 1949 drew attention to the possible relationship between the incidence of this syndrome and the very poor nature of the diet of infants in the post-weaning period in these countries. The Committee recommended that WHO should stimulate investigations into this subject and if possible make an inquiry into the epidemiological features of this disease, paying particular attention to the possible relationship of the diet during pregnancy, lactation, infancy, and early childhood, to the incidence of the disease.

WHO and FAO collaborated and sent two experts, Professor Brock of the University of Cape Town, who joined WHO staff temporarily, and Dr. Autret of the staff of FAO, to Africa for several months to study this problem. They visited the following territories: Kenya, Uganda, Ruanda-Urundi, Belgian Congo, French Equatorial Africa, Nigeria, Gold Coast, Liberia, Gambia, and French West Africa. A summary of the main observations may be of interest (The report will shortly be published in full in the WHO Bulletin):

(a) Kwashiorkor was encountered in every part of Africa surveyed.

(b) There are great differences in its incidence in different areas and in different tribes which can be correlated with differences in diet. Carnivorous races, such as the Masai in Kenya, and races which produce large quantities of cow's milk appear to be wholly exempt. In races which subsist largely upon staple foods which are deficient as regards the quantity and quality of protein they contain, such as cassava, yams, plantains, maize, a high incidence is found. The consumption of meat, fish, milk, beans, peas, and groundnuts appears to have a protective effect.

(c) The syndrome has a variety of clinical forms in different parts of Africa, but the fundamental group of signs is constituted by (1) retarded growth, (2) depigmentation of the

skin, (3) oedema, and (4) fatty liver. Dermatosis is commonly associated with the syndrome.

(d) The particular age distribution is 1 to 4 years.

(e) The syndrome causes a high mortality in many areas.

(f) The most satisfactory form of treatment is skim milk.

In many respects the syndrome is similar to Mehlnahrschaden which has been described from Vienna, and starch deficiency disease described in Italy. The fact that this condition does not occur when the infant receives adequate amounts of protein in its diet points both to the treatment and the ways in which it can be prevented. An obvious form of protein is milk. However, in parts of Africa where kwashiorkor occurs and in other parts of the world where a similar syndrome exists, agricultural authorities are emphatic that it will be a relatively long time before adequate amounts of milk can be produced.

The importation of processed milk would depend upon the future economic development of these countries, but such a policy would be contrary to the procedures established in any country today. It is true that a few countries extremely rich in one or more raw materials are able to import most of the milk used there now, but in none of these countries are the full nutritional needs of infants and children being met.

In many countries the only practical alternative method is the development of diets for infants and children based on locally available food or foods that can be produced in the country for a relatively short space of time by the orientation of agricultural policy.

In some of the areas where kwashiorkor occurs the staple article of diet is a root crop like yam or cassava (manioc). These foods are extremely low in protein. The substitution of cereals, particularly millet, sorghams, and rice, for these root crops, would be one step in the direction of producing foods which would provide a higher protein intake.

The other important group is the pulses, peas, beans, grams, and peanuts.

These observations by Brock and Autret need to be given wide publicity and to be put into effect by local administrations. It is the task of WHO to draw attention of governments to these facts and, if requested, to provide technical assistance to enable programs of this nature to be put into effect.

From descriptions of syndromes occurring in infants and children in Central and South America, it is almost certain that a condition indentical to or very similar to kwashiorkor occurs there. In passing it is perhaps of interest to report that I have seen infants in Central Africa (French Cameroons), Central America (Guatemala), and South America (Brazil), suffering from severe malnutrition, and I feel satisfied that the variation in clinical features in the cases in these three areas is no greater than the differences noted by Brock and Autret in the different parts of Africa visited.

WHO and FAO are now in the process of organizing a joint mission to Central and South America. This mission will collaborate with local experts to collect information and organize regional seminars.

(2) *Endemic Goiter.* Endemic goiter occurs in many regions of the world, and in some, particularly the less well developed areas, the incidence is alarmingly high, with a high residue of feeblemindedness, deaf-mutism, and mental deficiency.

While there may be factors other than an inadequate intake of iodine associated with the etiology of endemic goiter, for example, the high consumption of foodstuffs containing goitrogenic substances, the evidence is that the administration of iodine in adequate amounts will prevent endemic goiter. It would seem that where the diet is particularly rich in goitrogenic substances, the consumption of iodine needs to be relatively greater than where the diet is free from these substances.

There are two important aspects of the endemic goiter problem; recognition that it is a public health problem in a particular locality, and satisfactory methods for its prevention.

WHO has assisted a number of countries to develop surveys into the incidence. Dr. O. P. Kimball of Ohio, USA, joined the WHO staff temporarily and as a consultant visited a number of countries in Central and South America. The work initiated by Dr. Kimball during this visit is being continued by the local authorities.

The problem of prevention is more difficult. It has long been demonstrated in the countries of Western Europe, North America, Australia, and New Zealand, that the incorporation of iodine in table salt reduces the incidence of endemic goiter and abolishes cretinism, deaf-mutism, and feeblemindedness in infants. Unfortunately this method of prevention cannot be applied universally, for in many parts of the world, particularly in the so-called economically underdeveloped countries, free flowing table salt is not available nor do the customs of the countries permit it to be used. In large parts of these countries salt is manufactured by the solar

evaporation of sea water or by the crude purification of rock salt. The methods used for the iodization of free flowing table salt are not applicable to these methods of manufacture of salt.

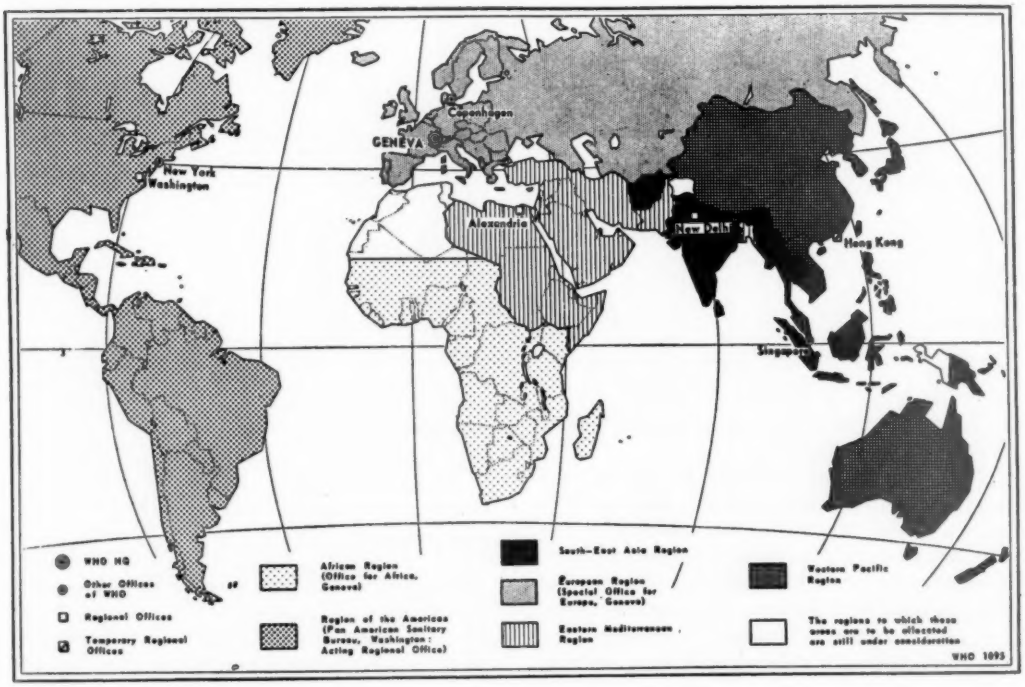
Under stimulus from WHO, studies are going on in a number of laboratories to find ways of iodizing crude salt which can be used in the primitive methods of salt processing in force in most of the underdeveloped countries. As soon as a satisfactory method has been dveloped in the laboratory, arrangements will be made by WHO to test it in the field.

(3) *Assessment of Nutritional Status.* The Nutrition policy and programs of a country must be based upon knowledge of the nutritional status of the population, together with a consideration of the dietary patterns, the food supply, and the economic situation.

During the past two years WHO has been collecting information on the studies that have been made in the many aspects of the assessment of nutritional status. This information was made available to the Joint FAO/WHO Expert Committee on Nutrition at its recent meeting in Rome. The Committee, after discussing the problem, decided that the time was opportune for a statement, which would be a guide to nutrition workers, on the selection of methods for the assessment of nutritional status, their application, and the interpretation of the findings. The Committee prepared a statement, asking that it be issued as an interim paper and suggesting that it be reviewed from time to time to bring it up to date with advances in knowledge and thinking on this subject.

The statement is included in the Report of the Committee, which will be published shortly in the Technical Report Series of the World Health Organization.

REGIONS AND OFFICES OF THE WORLD HEALTH ORGANIZATION



World Health Organization Activities Of 1950

AFRICAN REGION

Regional Activities

In 1950 an Office for Africa was established at WHO headquarters in Geneva and a Chief of the Office was appointed. His first duty was attendance at the malaria conference in Kampala. Then he visited member states, the Associate Member State in Africa, and the European governments responsible for territories in the Region. At the end of the year he had contacted local authorities in Liberia and in the Union of South Africa and was about to visit Southern Rhodesia. At the request of the Liberian Government, WHO experts in public health administration and in environmental sanitation visited Liberia. A consultant on nutrition made a survey of the epidemiological features of malignant malnutrition (kwashiorkor) among infants on a trip across Africa from East to West. Two consultants made a survey of bilharziasis in Central Africa, in accordance with recommendations of the Joint Office International d'Hygiene Publique/WHO Study Group on Bilharziasis in Africa, to help the local health services delimitate the danger zones in their territories and to apply the newer technique of control where possible. WHO will establish close contact with all governments and the Commission for Technical Cooperation in Africa South of the Sahara (CCTA). It will offer, as WHO services, projects fitting in with plans that have been drawn up and are being actively carried out in the area, wherever needed and requested, especially as regards training; make an intensive study of problems; recruit staff and draw up programs in close cooperation with governments. Special studies will be undertaken in cooperation with FAO, UNESCO, and, ICAO.

American missionary nurse lecturing to group of student nurses at Cape Mount Hospital, Liberia.

Individual Governments Activities with WHO Help

French Equatorial Africa: Two fellowships in malaria were awarded to students to study in Portugal, Italy, and Saudi Arabia.

Liberia: In accordance with recommendations of WHO experts who visited Liberia in August, two consultants, experts in public health administration and sanitary engineering, respectively, were engaged for a three months' assignment here. Medical literature and teaching material were sent to the Nursing School.

Nigeria: A fellowship in tuberculosis was awarded a student for study in the United Kingdom.

Southern Rhodesia: WHO made a grant during the year to the Government Research Laboratory in Salisbury for work on the unification of classification of snail vectors of disease.

Union of South Africa: A grant was made by WHO to the South African Institute for Medical Research, Johannesburg, for preparation and distribution of standard suspensions of Rickettsia and a FAO/WHO brucellosis center was established in Onderstepoort Veterinary Laboratory.

REGION OF THE AMERICAS

Regional Activities

The Inter-American Seminar for Biostatistics, held in Chile from September to December, was organized and financed by the United Nations, the Pan American Sanitary Bureau (which serves as WHO regional office for the Americas), the Inter-American Statistical Institute, the National Office of Vital Statistics of the United States Public Health Service, the World Health Organization, and the government of Chile. The WHO regional consultant in malaria surveyed the current malaria situation in Bolivia, Brazil, Costa Rica, Cuba, the Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Nicaragua, Paraguay, Peru, the United States of America, and Venezuela. The latest advances in insecticides, techniques of applying them and results obtained, were discussed. The regional consultant in maternal and child health studied the work being done and examined available facilities in Bolivia, Brazil, Columbia, Guatemala, Mexico, Paraguay, and Uruguay. Health authorities in eight Central and South American countries (Bolivia, Brazil, Colombia, Ecuador, Guatemala, Paraguay, Venezuela, and Mexico) were interviewed by a WHO consultant on the problem of endemic goiter.

Joint Programs With Unicef

As a result of negotiations, joint programs, as described below, were implemented in Bolivia, Brazil, British Honduras, Chile, Colombia, Costa Rica, El Salvador, Guatemala, Haiti, Honduras, Nicaragua, and Peru. The Regional Office of WHO helped the countries concerned by giving them technical advice on the plans of operation of these programs, UNICEF furnishing supplies and equipment. WHO and UNICEF cooperated in preparing in Chile and Colombia for immunization campaigns against diphtheria and pertussis. In cooperation with UNICEF the insect control program in Central America was started in British Honduras, Costa Rica, El Salvador, Guatemala, Honduras, and Nicaragua, with a view to reducing incidence of insect-borne diseases and child mortality. The BCG program in Mexico, for which assistance was given by WHO and UNICEF, was placed under direction of a member of the staff of the Joint Enterprise. UNICEF approved programs in maternal and child health for Chile, Colombia, El Salvador, Paraguay, and Peru; an insect control and health education program for Peru; a program in tuberculosis control for Chile, Peru, and Ecuador; the construction of a 200-bed children's hospital in Bolivia; the supply of laboratory equipment to Chile and Peru; a milk conservation project for Chile; and a program in malaria control for the Dominican Republic and Paraguay.

Individual Governments Activities with WHO Help

Alaska: A fellowship in sanitary engineering was awarded a student from this territory to study in Europe.

Argentina: A WHO/FAO brucellosis center was established in Buenos Aires. Fellowships were awarded to two doctors for study in the United States—one in epidemiology and the other nutrition—and medical literature was supplied.

Bolivia: Construction plans for a 200-bed children's hospital at La Paz were completed with assistance of WHO and UNICEF. A national campaign against typhus, based upon the use of insecticides with residual action, was undertaken by the Bolivian Ministry of Health in cooperation with WHO and UNICEF. The number of inhabitants included in the affected areas represents more than half of the population of the country or approximately 2,000,000 people. A malaria survey was made by the regional consultant.

Brazil: A study of endemic goiter and a survey of the antimalaria work being carried on in this country were made by a consultant. A maternal and child health program was planned by WHO, in cooperation with UNICEF, to include training of personnel and a diphtheria-pertussis immunization campaign. Fellowships were awarded for study in the United States: two for study of communicable diseases, one each for bacteriology and public health administration. Teaching equipment was purchased.

British Honduras: The insect control program was started here by WHO, in cooperation with UNICEF, which supplied DDT and equipment. The Pan American Sanitary Bureau assisted in training personnel and initiating the program.

Canada: One fellowship was awarded.

Chile: A WHO teacher conducted training courses in techniques of treatment and rehabilitation of victims of poliomyelitis. A study of diphtheria and pertussis was made in the country, where whooping cough is said to have the second highest mortality rate of any infectious disease, and a vaccination program is being carried out by the national department of health, with WHO and UNICEF assitance. The regional adviser on tuberculosis visited the country to discuss possible WHO/UNICEF programs with authorities. A consultant was provided to advise upon garbage and waste disposal in the city of Santiago. Chile, with WHO and UNICEF assistance, is carrying out a program to enlarge and strengthen maternal and child health services. Four fellowships were awarded; medical literature and teaching equipment were purchased.

Colombia: A nation-wide program of diphtheria-pertussis immunization for Colombia is being carried out with WHO and UNICEF assistance. The regional consultant in maternal and child health collaborated with local health authorities in preparation of a maternal and child health program to be carried out with UNICEF financial assistance.

Costa Rica: The insect control program began about the middle of 1950. A preliminary survey of hospital facilities was completed during the year and an architect was appointed as consultant to prepare preliminary drawings for the buildings for cancer and maternity services in the San Juan de Dios Hospital. Assistance was furnished in preparing a program for mass BCG vaccination. Two fellowships were awarded, and medical literature and teaching equipment were provided.

Cuba: A fellowship was awarded for study of maternal and child health in Mexico.

Dominican Republic: In cooperation with UNICEF, negotiations were carried out for the eradication of yaws and control of syphilis program in rural areas, planned to start in 1951.

Ecuador: The WHO consultant on public health (with special reference to maternal and child health) concluded his work early in 1950. Many children were examined by the consultant on endemic goiter, and information was given upon prevention of goiter, its etiology and social implications. A survey was made by the regional consultant on malaria. The regional adviser on tuberculosis assisted the technical director of the Joint Enterprise in preparing an agreement for a mass BCG program, which was started. A WHO adviser was appointed to the experimental program for control of syphilis by mass treatment with penicillin.

INTERNATIONAL TUBERCULOSIS CAMPAIGN

A campaign to vaccinate with BCG the children of Ecuador is well under way, as part of the special emphasis to be put upon child health.

Children in Mexico are being vaccinated. The Director of ITC, Dr. Johannes Holm of Denmark, is observing the inoculation.

Two specialists in poliomyelitis conducted lectures and seminars for local medical and hospital groups upon care and rehabilitation of patients suffering from the disease. Two fellowships were awarded for study of tuberculosis control in Denmark. Medical literature and equipment were supplied.

El Salvador: A demonstration project in tuberculosis control began operating officially in San Miguel. The WHO team consists of a doctor as team leader, a nurse, a technical x-ray adviser, and a bacteriologist. BCG vaccination, as part of the demonstration project, was begun. An insect control program was begun under direction of the Ministry of Health, with WHO and UNICEF assistance. A project for improving maternal and child health services by development of maternal and child health programs in demonstration areas was prepared in cooperation with the Regional Office. A WHO public health consultant participated in negotiations concerning technical assistance for a health demonstration area. Three fellowships were awarded, and medical literature and teaching equipment were supplied.

Guatemala: Progress was made with the insect control program being carried on in cooperation with UNICEF. The endemic goiter situation was surveyed by the WHO consultant. This work was done under direction of the Institute of Nutrition of Central America and Pana (an organization under technical supervision of the Pan American Sanitary Bureau, with headquarters in Guatemala). A fellowship was awarded for study of maternal and child health in Chile.

Haiti: The campaign for yaws eradication and control of syphilis in rural areas, undertaken by the Haitian Government with WHO/UNICEF cooperation, was begun. The aim of this two-year program is to eradicate yaws by means of mass treatment with penicillin, to control syphilis in rural areas through eliminating sources of infection, to evaluate the success of treatment by the analysis of morbidity rates, to train professional and auxiliary personnel, and to assist the Ministry of Public Health by giving expert advice on these diseases. By the end of the year 203,826 persons had been treated, of whom 93,396 presented clinical manifestations of the diseases. Treatment was given in 653 communities. WHO assisted the UNESCO pilot project in fundamental education in the Marbial Valley by supplying a public health officer, a nurse, and a health educator. Three doctors received WHO fellowships, and medical literature and teaching equipment were supplied.

Honduras: Progress was made with the insect control program, aided by WHO and UNICEF, and a survey on malaria was made by the regional consultant.

Jamaica: Preparations were made for an island-wide BCG program to be carried on in cooperation with WHO and UNICEF in 1951. A fellowship was awarded for study in the United Kingdom.

Mexico: The regional consultant in venereal disease assisted the government by giving advice in the Tijuana prophylaxis project for venereal diseases and in a similar project in Agua Prieta near the border between Mexico and the United States. The Regional Office assisted the technical director of the Joint Enterprise in preparing an agreement for a mass BCG program. In Mexico City a pilot study was carried out to assist the WHO Tuberculosis Research Office in Copenhagen to evaluate different vaccines. The Regional Office assisted in the proposed ILO pilot study of working conditions for nurses. The consultant in endemic goiter made a survey which indicated that, in the eight states studied where goiter exists, average incidence is about 34 percent. Detailed plans were made for joint WHO/UNICEF assistance in a hospital project in Oaxaca. Five doctors were awarded fellowships, and medical literature and teaching equipment were purchased.

Nicaragua: An insect control program carried out in cooperation with WHO and UNICEF was started, and a survey was made by the regional consultant in malaria.

Paraguay: A WHO consultant assisted health authorities in planning a program for improvement of maternal and child health services in Paraguay, to be carried out with the technical guidance of the Regional Office and the financial assistance of UNICEF. Surveys on endemic goiter and malaria were carried on by WHO consultants. Two fellowships were awarded, and medical literature and teaching equipment were purchased.

PERU: Work was begun on the typhus control program in the Department of Cuzco, a joint project of the Peruvian Ministry of Health, WHO, and UNICEF. This program is designed to control the disease on a national scale and to train national and foreign personnel in control techniques. Activities were accelerated because of the earthquake in the Cuzco-Puno area on May 21. The Regional Office assisted Peru in preparing plans for a maternal and child health project to be carried out with UNICEF financial assistance. WHO sent a team to assist in combating an outbreak of poliomyelitis. At the request of national health authorities, a tuberculosis project was prepared to supplement the maternal and child health program. A preliminary survey was conducted to determine assistance necessary for three large hospitals in Lima. Surveys were made on malaria and endemic goiter. A fellowship was awarded for study in the United States.

Surinam: A survey for hospital projects was carried out and the regional adviser on tuberculosis visited Trinidad.

United States: A WHO consultant completed a lecture tour upon malaria control. The regional adviser on venereal disease held a seminar at the Johns Hopkins School of Hygiene and Public Health where an International Treponematoses Laboratory Center was established. A WHO consultant on mental health met with United States psychiatrists working upon psychiatric aspects of juvenile delinquency. A FAO/WHO brucellosis center was established in Minneapolis. Fifteen fellowships were awarded for study in Europe upon communicable diseases, sanitation, and maternal and child health.

Uruguay: Two students were awarded fellowships, and medical literature and teaching equipment were purchased.

Venezuela: The WHO consultant made a survey of endemic goiter. Three fellowships were awarded.

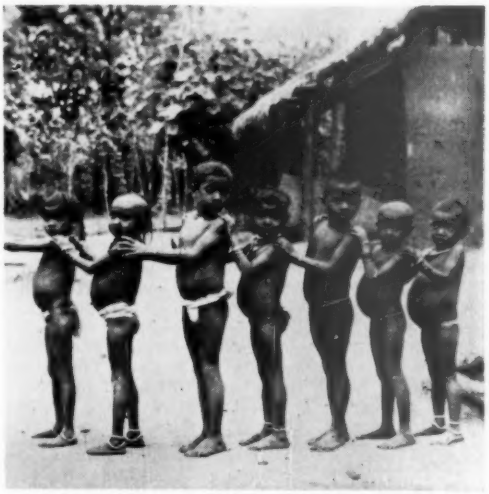
SOUTH-EAST ASIA REGION

Great progress was made in organizing the Regional Office for South-East Asia. During the year eight regional advisers were recruited in malaria, tuberculosis, venereal diseases, maternal and child health, environmental sanitation, nursing, epidemiology (plague and cholera), and public health administration. The Office was thus better equipped to cope with increasing needs of the region and additional activities resulting from the decentralization policy of the Organization.

Regional Activities

Tuberculosis: Demonstration and training areas are being planned, upon recommendation of the Expert Committee on Tuberculosis. A possible change in the health administration of a country as the result of a WHO project is to be found in **Thailand**, where, in requesting establishment of a tuberculosis demonstration and training area, the government has undertaken to place the national tuberculosis service on a sound administrative basis.

Malaria: The government of **Afghanistan** is continuing the WHO 1949 malaria control project at Laghman, and has agreed to take over the present WHO malaria control project in the Khanabad-Kunduz area at the end of 1951. The four malaria control projects in **India** and the one in **Thailand** will be continued by the respective governments after withdrawal of WHO. Surveys have preceded and followed malaria control demonstrations. Excellent examples of the way in which other branches of public health may be influenced by work on a special project are found in the outstanding activities in maternal and child health which have been carried on by the public health nurses and the nursing staff of the parallel teams. Also presence of malaria teams in **India** and in **Thailand** has enabled demonstrations to be made of the use of DDT in plague control and the eradication of bedbugs. Malaria operations in **Afghanistan** have given rise to a general desire for extension of malaria control activities to different parts of the country.



Children in a remote Indian village where a WHO/UNICEF malaria control team is operating. These children all have enlarged spleens from malaria infection.

Nursing: Activities have been carried out by seven public health nurses attached to the different teams (six nurses in **India** and one in **Thailand**), by one pediatric nurse assigned to a children's ward at Irwin Hospital in **India**, and by one sister tutor in **Burma**. Activities of public health nurses vary from team to team, but first and foremost has been to plan nursing

procedures for the specialized projects in which they are working. Their main activities have therefore been collection of information, taking of blood and other laboratory samples, and treatment of malaria, syphilis, gonorrhea, and minor ailments. They also participate in definite courses of instruction for teams sent by governments and in short refresher courses for health visitors.

Venereal Disease: The project in **India** has resulted in a wider dissemination of the use of penicillin and of the simplified serological tests. Visits of WHO consultants have stimulated health authorities of some of the main cities to undertake control projects; for example, those in Bombay. Use of the team's headquarters as a training ground for workers from other areas in the region has facilitated initiation of similar projects. The Regional Office has maintained close collaboration with the various countries in order to assist in their plans for production of penicillin, large amounts of which are needed. Requests for aid from UNICEF in this project have been stimulated.

Cooperation with Other Organizations: Daily working relationships have been established with UNICEF in Delhi, particularly with regard to implementation of joint WHO/UNICEF programs and planning of joint activities within the region. Close collaboration was maintained with the UNICEF Far Eastern Headquarters in Bangkok, to which a WHO senior medical officer was appointed. Visits have been exchanged frequently between WHO and UNICEF officials, resulting in detailed procedures for WHO's participation in UNICEF-assisted health programs. UNESCO is collaborating with WHO in drawing up a school health education scheme. FAO has collaborated in the agricultural and economic survey in the Chiengmai area in **Thailand**, and has undertaken to provide a nutritionist for Thailand to replace one appointed by WHO.

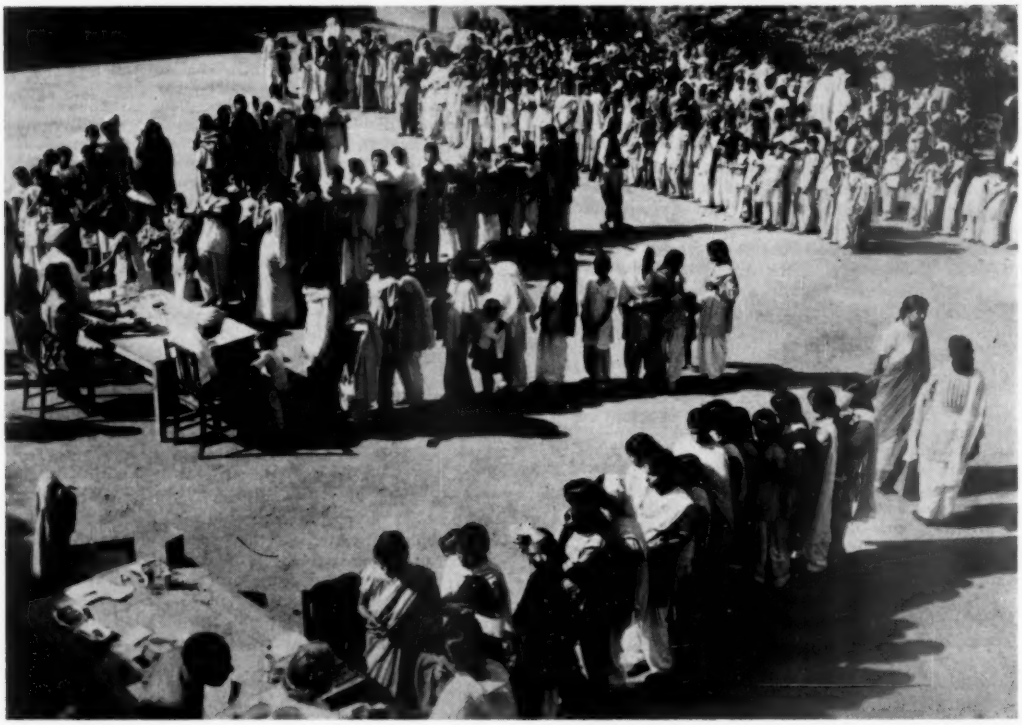
Individual Governments Activities with WHO Help

Afghanistan: At the government's request WHO provided a complete malaria demonstration team consisting of an entomologist (leader), a malariologist, a public health engineer, and a malaria inspector, with requisite equipment and supplies. This team is at present operating around Khanabad, an area with agricultural and industrial potentialities in their Northern Province. Local personnel has been trained. Since spraying operations were begun, 50,324 premises have been sprayed and a population of 45,000 directly protected. WHO operations have given rise to a general desire for extension of malaria control all over the country. Following the 1949 epidemic of louse-borne typhus during which WHO supplied vaccine, DDT, and dust guns, an experienced medical officer of health was provided by WHO to help the government in control operations. These were especially devised to cover the peak (winter) months of the disease. Mass delousing operations were carried out in schools, police stations, military barracks, and jails. This helped to keep the incidence of typhus under control. WHO also helped the government in procurement of requisite supplies of DDT and antityphus vaccine. In view of the short transmission periods for malaria, national experts should be trained in delousing operations and should be available during the winter months, after which work in malaria and typhus control could be entrusted to one unit. Following the 1949 survey on venereal disease it was decided to integrate that program with the maternal and child health project. The senior adviser of the project, a clinical pathologist with experience in serology, took supplies and equipment to Kabul and made necessary arrangements with the Afghanistan Government. The plan provides for a pilot project in maternal and child health and control of venereal disease by a professional team of three foreign staff members. A fellowship was awarded, and medical literature and teaching equipment were supplied.

Burma: Because of disturbed internal conditions, very little field work has been done here during the year. The two most acute problems are tuberculosis and maternal and child health; plans for international assistance in both are now ready. A tuberculosis survey and evaluation schedule have been completed. WHO and UNICEF are assisting the government in establishment of a tuberculosis control and training center in Rangoon. As a result of visits by WHO advisers, a program on maternal and child health and control of venereal disease is being prepared jointly with UNICEF. Four fellowships were awarded, and medical literature and teaching equipment were supplied.

Ceylon: WHO assisted in reorganization of tuberculosis services, improvement and reorientation of services in maternal and child health, and control of venereal disease. Following government-WHO-UNICEF discussions in Colombo, the government requested assistance from UNICEF in setting up a rural center for tuberculosis control at Kotte and a diagnostic laboratory in Colombo. WHO and UNICEF will assist in this project. A "Joint Enterprise" began BCG vaccination in Ceylon at request of the government and trained three local teams which are continuing the campaign. A WHO expert studied the problem of endemic goiter and made recommendations. Four WHO fellowships and eight UNICEF fellowships to be administered by WHO were awarded, and medical literature and teaching equipment were supplied. Agreement was reached by the Regional Committee that a port project in venereal disease control for seafarers be started, with a model clinic at Colombo. Preparations are being made for implementing this project and integrating it with the main venereal disease team. A WHO expert who had carried out a filariasis survey and conducted a course in filariasis control was engaged by the government for the filariasis control schemes of various municipalities.

India: WHO has concentrated upon helping to fill some of the large gaps in national health services by introducing modern methods on malaria control and by giving assistance in large scale training schemes for tuberculosis and venereal disease control. One of WHO's most useful contributions will be strengthening national teaching institutions to train various categories of badly needed health workers. This will be a slow process, however, on account of extremely limited financial resources for making use of such trained personnel. Besides providing supplies for a malaria control program in Bombay State and sending a lecturer to the Malaria Institute of India, WHO supervised four malaria control teams working in joint projects with UNICEF (in the Terai, the Jeypore Hill Tracts, Malnad, and Ernad.) The international staff of each team consists of a team leader and a public health nurse, and has trained "matching personnel" in malaria control, health officers, compounders (a type of pharmacist who assists qualified medical men), and a forest officer. In the Malnad team area a survey of the records of three dispensaries which draw their patients from sprayed areas showed a decrease of over 80 percent for new patients treated for malaria, as compared to figures for the preceding year, six months after completion of the first spraying. A reconnaisance team in maternal and child health, consisting of a pediatrician and a pediatric nurse, made a survey of needs and facilities in pediatrics in Delhi and observed pediatric work in other parts of India. The draft plan of team operations, forwarded as a guide to the government,



Students at Victoria Girls College, Patiala, India, report for tuberculin testing. (WHO/UNICEF)

envisaged establishment of two areas, one urban, the other rural, to serve not only for demonstrating modern techniques but also for schools' training areas. In collaboration with the Indian Government, a four-day symposium on maternal and child health was begun in 1949 at the WHO Regional Office. WHO and UNICEF have agreed to help the government in establishing a maternal and child health department at the All-India Institute of Hygiene and Public Health, Calcutta. BCG vaccination, begun by WHO in 1949, was continued by six teams of the Joint Enterprise, the number of teams being reduced to three later in the year. A demonstration team in control of venereal disease started operations at Simla (Himachal Pradesh). Training satellite teams was started in 1949. Sixteen teams, composed of serologists, clinicians, and nurses from 11 states, worked with the WHO demonstration team for varying periods of time and then returned to their states to apply methods learned. A one-week course for laboratory workers and technicians was given by the team serologist, and was attended by 17 trainees from the states. In addition to a high incidence of syphilis, the area of Himachal Pradesh has cases of granuloma inguinale, a disease which responds to treatment with streptomycin and other new antibiotics such as aureomycin. This treatment is now used in many of the subsidiary hospitals, for which drugs have been supplied by WHO. WHO provided services of a poliomyelitis advisory and demonstration team consisting of an orthopedic surgeon, a nurse specialist, and a physiotherapist. WHO sent a hospital dietitian as consultant to help in establishment of a diet kitchen at the Medical College Hospital, Calcutta, and to assist in a course in dietetics at the All-India Institute of Hygiene and Public Health. Three fellowships were awarded to India students during the year. Medical literature and teaching equipment were sent to the Lady Hardinge Medical College and the Malaria Institute in New Delhi. In Assam, emergency supplies were sent to the Medical College to assist in alleviating conditions caused by the earthquake.

Portuguese India: Three fellowships were awarded.

Indonesia: The aims of WHO in Indonesia are to help the government in rebuilding its national health services, made necessary by the long period of political unrest, and at the same time to give special assistance in tackling one or two very acute problems—the control of yaws, for instance, a project in which WHO

and UNICEF are assisting. Yaws control and the diagnosis and treatment of syphilis in pregnant women and congenital syphilis are now being undertaken with financial assistance from UNICEF and technical guidance from WHO. Two areas with a population of three and a half million were chosen as the primary sites for the first phase of the campaign. The campaign, which started in 1950 and is to last two years, is being conducted by mobile teams under supervision of public health doctors who are being trained at the central training institute which has been established. Six teams have been, and others are being trained. Plans have been made to expand the work to other areas of the Island of Java, and to the rest of Indonesia. A survey was carried out by the regional adviser in malaria. As a result, the Government of Indonesia has accepted a recommendation that a team of malariologists and a malaria inspector be given travel fellowships to visit the WHO demonstrations at Chiengmai (Thailand) and Dacca (Pakistan). A WHO malaria team will start a malaria demonstration project in Indonesia in 1951. Since a visit to Indonesia by the WHO adviser in maternal and child health attached to the UNICEF Far Eastern Headquarters at Bangkok, the Indonesian Government has requested assistance in a maternal and child health demonstration project which will start in 1951.

Maldive Islands: A consultant in filariasis control was sent by WHO.

Thailand: WHO's objective here has been to concentrate upon malaria control on an extensive scale (with the help of other international organizations), to assist in reorganization of services in nursing and maternal and child health, and to tackle the acute problem of yaws. The initial work of the malaria control demonstration project was set up in the Sarapee district close to Chiengmai in 1949. After surveys had been made, personnel trained, and experimental spraying programs completed, the main spraying operations were started. In these operations, 31,397 premises were sprayed and a population of 40,145 was directly protected. Full results are not available. The government set up parallel teams for malaria control, one in the Hangdong District and the other in the Phrabhudabad District, and agreed to continue the project after withdrawal of WHO personnel. WHO provided supplies of DDT, sprayers, and other equipment for the governmental malaria campaign. The entomologist attached to the team advised upon plague control and mosquito nuisance in Bangkok, assisted in a rural sanitation program, and made a survey of other communicable diseases. An urban demonstration unit in maternal and child health was planned, with WHO and UNICEF assistance. A treponematoses control program was formulated and will soon be implemented by WHO and UNICEF. The program is directed against yaws, which is prevalent in rural areas, and includes diagnosis and treatment of syphilis in children and pregnant women. A site for the team's work has been selected in Rajburi, about 60 kilometers from Bangkok, with a population of 250,000. In the first phase of operation five teams will be trained and research undertaken, as in similar programs in other countries in the region. Five-year plans have already been made for an expanded program to cover the entire country. Seven fellowships were allotted to Thailand during the year by WHO.

Maldive Island children with elephantiasis.

EUROPEAN REGION

Pending establishment of a Regional Organization for Europe, the Special Office is situated at WHO headquarters in Geneva; consequently it is possible to administer this region with a nuclear staff, since specialists are normally available on loan from headquarters. The fairly rapid development of programs in Europe and the interest shown by countries which had not previously participated in them emphasized the need for establishing a coordinating group representing the countries of the region. Governments were consulted on the suggestion that there be a regular annual meeting of a consultative committee representing all the member states. The pattern for activities in 1950 was determined by two important factors: (1) the need for technical supervision of existing programs, such as those for which UNICEF furnished supplies, and (2) a survey of the program needs of member states.

Unicef Supply Programs: There is little doubt that the emergency character of UNICEF's work in Europe in its initial phases made it difficult and sometimes impossible for WHO to give adequate technical advice. There were, of course, important exceptions to this generalization, as in the prenatal and infantile syphilis programs. In 1949 and 1950 the situation had somewhat changed. Supplies were being delivered in increasing quantities to certain countries for a fairly wide variety of medical programs, the effect of which may be measured by the fact that over $4,000,000 was spent by

UNICEF for medical supplies in Europe. Frequent consultations with UNICEF, a definition of the responsibilities of its European headquarters and of those of the Special Office for Europe, and readiness on the part of WHO to provide advisers and consultants for supply programs without delay all contributed to smoother operation of joint programs in 1950.

Children's Center, Paris: Satisfactory relations are being established between the Special Office for Europe and the Children's Center in Paris. This center organized training programs which offer important additions to training facilities in Europe, and WHO assisted in the work.

Cooperation with the United Nations and Other Agencies: Cooperation with the European regional office of the United Nations and its agencies presented no difficulties during the year. In addition to the regular exchange of information and the mutual assistance given by representatives in countries, the Special Office continued to cooperate with the United Nations on such projects as the program for handicapped children, the public health nurses' conference in Leyden, and the proposed pilot study on the health visitor. WHO also provided consultants for studies on "the psychiatric aspects of juvenile delinquency" and on "homeless children," in the course of which information was obtained by visits to a number of European countries. Subsequently, a WHO expert joined a United Nations group at a conference on juvenile delinquency at the second meeting of which a WHO consultant presented a paper on the health aspects of the problem. At the request of the International Refugee Organization, WHO assembled a team to survey medical arrangements for the movement of child refugees from static camps in Germany and Austria through transit camps in Naples to Australia. Another feature of 1950 was a steady increase in cooperation between the Special Office and the European Office of the Rockefeller Foundation in Paris. In particular the two offices cooperated in development of public health training schools in Greece, the Netherlands, Sweden, and Switzerland. WHO is also working with the Rockefeller Foundation, as well as with the French Government, UNICEF, and the Department of Social Affairs of the United Nations, on a rural public health demonstration and training area in Soissons near Paris. An environmental sanitation seminar was conducted by the Netherlands Government with the aid of WHO and the Rockefeller Foundation, and the Foundation is also cooperating with WHO and the United Nations on a pilot study to determine the most suitable type of worker to meet family health and social welfare needs.

Group-Training Centers: Apart from joint programs with UNICEF and cooperation with the United Nations and other specialized agencies, the most important trend in the European program in 1950 was development of group training by a variety of methods. Whenever appropriate, participation in particular "group-training" programs was offered to as many European countries as possible. Their ready acceptance of this type of program is evidence that it has filled a real need in Europe.

Individual Governments Activities with WHO Help

Albania: Program discussions which had progressed with the Government of Albania through 1949 were continued early in the year. Many attempts were made to modify programs for control of tuberculosis and venereal diseases, to meet the government's insistence on a need for supplies only, but these were not successful. Meanwhile, medical books and periodicals were sent to Albania in answer to specific requests. Five undergraduate Albanian medical students continued to studay at Charles University, Prague, during the academic year 1949-50. WHO indicated its willingness to enlarge this fellowship program in 1950, but no nominations for candidates were received.

Austria: At the government's request, a WHO expert visited Austria during the year to demonstrate new techniques in the serodiagnosis of syphilis at the serological laboratories in Vienna, and WHO was subsequently represented at a meeting of serologists in that city. Another WHO consultant went to Vienna to participate in a congress on industrial hygiene. A member of the headquarters staff visited Austria during the year to discuss implementation of new nursing laws. During the summer, a team of Swedish experts demonstrated, at the University of Vienna, diagnosis and treatment of children with congenital heart diseases and advised on the establishment of a heart clinic, for which UNICEF provided supplies. In connection with other UNICEF supply programs, WHO provided an expert on the use of streptomycin, and a member of the headquarters staff assisted with a juvenile epilepsy clinic in Vienna. WHO advised on the strengthening of tuberculosis diagnostic services, supplies being furnished by UNICEF, and on the program for handicapped children, for which the government had requested UNICEF assistance. Medical books and periodicals and a film for demonstration purposes were supplied by WHO, and 16 fellowships were awarded.

Belgium: The country was represented at a preparatory meeting in Rotterdam for constituting the International Antivenereal Disease Commission of the Rhine and also participated actively in the public health nurses' conference, the infant metabolism seminar, and the seminar on environmental sanitation. Fourteen fellowships were awarded, ten of them being short-term fellowships for training programs organized in Europe.

Bulgaria: Although the Bulgarian Government had indicated by the end of 1949 that it was no longer interested in the work of the Organization, funds continued to remain available for medical literature and fellowships in accordance with previous requests. WHO also continued to advise on the UNICEF supply programs designed principally to strengthen maternal and child health services (a rural maternal and child health project and a program for premature infants) and to extend x-ray diagnostic facilities for tuberculosis control. Advice was given on the WHO/UNICEF malaria programs, and a WHO expert advised on content of the program for handicapped children for which the government had requested assistance from UNICEF.

Byelorussian SSR: The delivery of medical books and periodicals previously requested by the government was continued during 1950 to the limit of available funds.

Czechoslovakia: Early in the year the Czechoslovakian Government's requests for several specific projects were being actively implemented by WHO. Assistance was given in establishing a State Medical Library, with a documentation center designed to service libraries in Czechoslovakia and other European countries, and an anesthesiology training center which is also open to fellowship candidates from other European countries. Plans were made for a Swedish team to demonstrate diagnosis and treatment of congenital heart disease in children. While these and other WHO services, including assistance in starting penicillin production, were being given, the government announced in April that it no longer considered itself a member of WHO and subsequently failed to affirm its desire for the services to be continued. Excellent progress was achieved in

the BCG program in Czechoslovakia which was carried on by Joint Enterprise, about three-and-a-half million children having been tested by mid-1950. UNICEF supplies enabled the government to extend programs for premature children and for control of tuberculosis and syphilis. Arrangements for a follow-up visit by a WHO expert on venereal disease control, which had been agreed upon, were not implemented. The WHO liaison officer attached to the European Office of UNICEF visited Cechoslovakia during the year, at the request of the government, to evaluate the impact of UNICEF supplies on these medical programs. A WHO expert also advised upon the content of a program for handicapped children for which the government had requested UNICEF assistance. Over and above the assistance of the State Medical Library, medical books and periodicals were supplied to Czechoslovakia during the year, and one fellowship was awarded.

Denmark: The Danish Government, assisted by WHO, established an anesthesiology training center attached to the University of Copenhagen. Besides assisting the various European countries which sent students to the training center, the Danish Government provided places for fellowships in Copenhagen for the study of brucellosis, and made Danish experts available to demonstrate diagnosis of congenital heart diseases in children and treatment of cases in the Eastern Mediterranean Region. A FAO/WHO brucellosis center was established at Copenhagen. Denmark participated actively in the group training program and was awarded, in addition, 18 fellowships, 14 of which were short-term fellowships for group training courses in Europe. A number of medical books were also provided.

Finland: At the request of the Finnish Government, a WHO expert, accompanied by the European regional adviser, surveyed their maternal and child health program, paying particular attention to the high incidence of infantile diarrhea. This survey was coordinated with a visit from a UNICEF expert in connection with the supply of milk-processing equipment. The regional adviser again visited Finland, with an expert, to advise upon UNICEF programs on rehabilitation of physically handicapped children. Similarly, a WHO consultant from Sweden went to Finland early in the year, to follow up on the joint WHO/UNICEF venereal disease control program, and an expert on streptomycin examined and approved treatment centers in the country. WHO also provided an expert to train national teams in the use of mass x-ray equipment supplied by UNICEF. The government's request for an expert to give information upon the results of the first year of operation of the national health service in the United Kingdom was met by providing a British expert to discuss the matter with interested professional groups. After a preliminary visit by a member of the Secretariat to discuss a program on the psychiatric aspects of industrial medicine, a WHO consultant went to Finland to advise on the role of psychiatry in industry, and in particular on the establishment of group training courses. During the year, the government, in cooperation with WHO, conducted in Helsinki a highly successful symposium on syphilis to which WHO contributed four discussion leaders and participants from other Scandinavian countries. Finland also took part in other group training programs, and nominated a candidate to the antibiotics research training center in Rome. Twenty-one fellowships were awarded, nine of them being short-term fellowships for group training programs. Supplies of medical books and periodicals were provided. The Executive Board approved an allocation to strengthen public health nursing in Finland, and by the end of the year WHO had provided teaching equipment to the value of $12,000.

Greek children treated for trachoma show no evidence of recurrence two years later.

France: Among the most successful courses of the year was the symposium on syphilis organized in Paris by the French Government with the assistance of WHO. The discussions, which were on a high scientific level, brought to bear upon the post-war problem of syphilis the combined experience of the traditional European schools and those of the Western World. Regional advisers and experts from headquarters continued to work closely with the government on development of joint programs with UNICEF, particularly in maternal and child health (the care of premature children and the rehabilitation of the physically handicapped), and mental hygiene. WHO also provided a nurse consultant to the *Ecole de Puericulture* in Paris. A joint WHO/UNICEF program in malaria and insect control was begun in Corsica. Similar close cooperation was established on programs now being conducted by the Children's Center in Paris. WHO gave technical advice upon the content of the training programs of the Children's Center and provided fellowships. France was represented at the preparatory meeting of the International Antivenereal Disease Commission of the Rhine held in Rotterdam in December, 1950. France participated in the infant metabolism seminar, the environmental sanitation seminar, and the conference for public health nurses in the Netherlands. Medical books and periodicals were provided and 14 fellowships were awarded.

Germany: Germany participated in the preparatory meeting of the International Antivenereal Disease Commission of the Rhine. A WHO consultant visited Germany to advise upon the use of streptomycin supplied by UNICEF. During a lecture tour of Europe another consultant from WHO presented a paper on syphilis control in the city of Hamburg. At the request of the International Refugee Organization, WHO assembled a small team to survey arrangements for the transport of child refugees from camps in Germany to embarkation points in Italy.

Greece: At government request and in cooperation with the Rockefeller Foundation, a member of the Secretariat visited Greece to advise upon reorganization of the School of Hygiene in Athens. A WHO nurse consultant continued an assignment to assist in developing a nurses' training school in one of the largest sanatoria in Greece. A tuberculosis consultant advised upon laboratory supplies furnished by UNICEF, and plans were made for WHO and UNICEF to assist in establishment of tuberculosis centers. The regional adviser in venereal disease visited Greece to follow up on joint WHO/UNICEF programs in control of venereal disease and specifically to implement programs on the treatment of syphilis at selected centers. Similarly, the regional adviser in maternal and child health visited the country to advise on mobile clinics for children, which the government had requested from UNICEF, and to assist with a UNICEF program for physically handicapped children. Advice was given, with FAO, in the establishment of a brucellosis study and training center. Medical books, periodicals, films, and other teaching materials were provided to the school of hygiene and to the university medical clinics in Athens. Five fellowships were awarded, two of them being short-term fellowships for group training courses.

Hungary: WHO fellowship money was available to this country during the year, but was not utilized. However, in response to previous requests, WHO provided to many institutions in Hungary medical periodicals to a total value of over $5,000. This service was continued through 1950, although the government indicated in May that it no longer considered itself a member of the organization.

Iceland: The Government of Iceland participated actively in group training programs and was one of the first European countries to nominate fellows to the anesthesiology training center in Copenhagen, the syphilis symposium in Helsinki, and the seminar on environmental sanitation in the Netherlands. Three fellowships (two of them short-term) were therefore awarded to Iceland during the year.

Ireland: At the request of the government, WHO experts visited Ireland to advise upon services in child guidance and the nutrition program. It is planned to continue assistance with the latter program in 1951 by providing the services of a short-term consultant. Ireland took part in the environmental sanitation seminar, the syphilis symposium in Paris, and the public health nurses' conference. One individual fellowship and six short-term fellowships for group training were awarded.

Italy: The field office in Rome, which had been maintained in the previous year in connection with the government survey of health services, was closed early in 1950. Implementation of the recommendations resulting from this survey, in which WHO and the Rockefeller Foundation had assisted, proceeded during the year. The adviser in maternal and child health twice visited Italy for program discussions, and assisted in planning a program for premature infants, for which supplies will be provided by UNICEF. Two visits were made by the regional adviser on venereal disease to help plan the continuation of the Joint WHO/UNICEF program on control of syphilis. Technical advice was given in connection with the experimental use of antibiotics in trachoma control in a village in Sicily which has a high incidence of that disease. A WHO expert advised the government on a program for handicapped children, in the implementation of which WHO will cooperate with the United Nations Department of Social Affairs and with UNICEF. WHO sent a consultant in environmental sanitation to Milan for technical discussions on water supply problems. It gave advice on the use of streptomycin supplies furnished by UNICEF, and a consultant visited centers receiving these supplies. Plans were made for setting up tuberculosis training centers in 1951. WHO reached agreement during the year with the Department of Biochemistry in the *Instituto Superiore di Sanita* in Rome, which will provide international research and training facilities in antibiotics. Medical books were supplied to Italy, and 20 fellowships were awarded, six of them short-term fellowships for group training. Italy participated in the environmental sanitation seminar in the Netherlands, the syphilis symposium in Paris, and the training course in child psychiatry conducted by the Children's Center in Paris.

Luxembourg: At the request of the government, WHO sent a consultant to this country to advise on the construction of a general hospital in the city of Luxembourg.

Monaco: The Executive Board agreed to furnish the sum of $6,000 to Monaco, as part of the cost of a mass x-ray unit, which the government subsequently purchased. A member of the Secretariat visited Monaco to discuss the use of this unit in control of tuberculosis.

Netherlands: During the year, the Netherlands Government put forward plans for creation of an international health exhibit. A WHO expert from headquarters upon health education of the public gave technical advice on this project, in cooperation with an expert from the Netherlands who subsequently came to Geneva for consultations. The government offered facilities for four conferences, which constituted an extremely important contribution to the European program. The first was a working conference for public health nurses, at which European countries were widely represented; the second, organized in Leyden, was on the special topic of infant metabolism, and attracted leading pediatric specialists from the Netherlands, France, Belgium, and the United States; the third was a seminar on environmental sanitation; the fourth, the Netherlands acted as host to the preparatory meeting of the International Antivenereal Disease Commission of the Rhine, held in Rotterdam; this commission should be established in 1951. At the request of the government, WHO submitted a draft plan for a demonstration and training project in control of venereal disease in the port of Rotterdam. Medical books and periodicals were supplied the Netherlands and during the year five fellowships were awarded.

Norway: Individual discussion leaders provided by WHO to the syphilis symposium in Helsinki subsequently visited Norway as consultants on national questions of venereal disease control. After a preparatory visit had been made by an expert from headquarters, WHO sent a consultant on the psychiatric problems of industry to Norway. The government's interest in developing work in mental hygiene was shown by discussions on the possibility of organizing a seminar on this subject in Norway during 1951. Medical books and periodicals were provided during the year, and 20 fellowships were awarded.

Poland: A number of important projects which had been planned for Poland had to be dropped when the Polish Government decided to stop this participation in WHO. However, supplies of medical books and periodicals have been sent to Poland during the year. Large quantities of x-ray apparatus which are part of the UNICEF supply program to Poland, technically approved by a WHO expert, were sent to equip a whole network of tuberculosis dispensaries.

Portugal: The Executive Board of WHO approved an expenditure of $4,500 for supplies designed to extend the malaria control program in this country. A member of the headquarters staff subsequently visited the country in connection with the program. Three fellowships were awarded Portugal.

International Tuberculosis Campaign in North Africa. A young girl of Algeria receives a Mantoux test.

Antivenereal disease program in Yugoslavia, with WHO/UNICEF assistance: penicillin being given to a child from Bosnia where syphilis is endemic.

Roumania: The government's decision to withdraw from WHO was followed by failure to reaffirm its desire for WHO's services.

Sweden: Following a preliminary planning visit by an expert on mental health from headquarters, WHO sent a consultant to Sweden to discuss psychiatric problems of industry and new training methods. During 1950 the Swedish Government made important contributions to the work of WHO in a number of ways, such as: providing the entire congenital heart disease team which visited Austria and Yugoslavia, and assisting with its highly developed services in many of the WHO studies during the year. The government also acted as host to the seminar on infant metabolism, which was so ably organized. Sweden was awarded 16 fellowships, and a WHO consultant in dentistry made a survey there.

Switzerland: This country participated in the preparatory meeting of the International Antivenereal Disease Commission of the Rhine. The government cooperated with WHO and UNICEF in organizing a seminar on social pediatrics, which was held immediately after the Sixth International Congress of Pediatrics in Zurich. Six fellowships were awarded to Switzerland during the year.

Ukrainian SSR: Funds originally made available to the Ukraine in 1948 were used during 1950 to continue fulfilling a previous request for a large number of medical books and periodicals. Later in the year the government failed to affirm its desire for this service, which was therefore discontinued.

United Kingdom: A WHO venereal disease consultant visited England and Scotland. WHO provided three experts concerned with poliomyelitis control, the control of the common cold virus, and questions of nutrition, to visit the United Kingdom during the year. The United Kingdom also requested technical advice in connection with crippling rheumatoid diseases and assistance in brucellosis control. Thirteen fellowships were awarded to the United Kingdom.

Yugoslavia: WHO provided a team to Austria and Yugoslavia to demonstrate the diagnosis of heart diseases in children and their treatment, a consultant to advise on the improvement of institutes of nutrition, and a staff member to advise upon the development of mental hygiene programs. WHO continued to participate actively in joint programs with UNICEF in Yugoslavia. At the request of the government, a consultant surveyed the endemic syphilis areas of Bosnia and Herzegovina and strongly recommended continued support to the program for syphilis control, in view of the excellent results achieved. After visiting the country, a member of the Secretariat recommended UNICEF support for a brucellosis research and study center. WHO gave technical approval for supplies for continued work on the malaria program upon which a WHO team had been engaged in Yugoslavia during 1949. The WHO liaison officer to the European headquarters of UNICEF also visited Yugoslavia, where he studied questions of vaccine and sera production, the sending of laboratory supplies to sanitary epidemiological stations, tuberculosis control, and health programs for children. Advice was given on a rural program for child welfare and on the control of communicable diseases of children. Towards the end of the year a further WHO consultant advised on a new program for handicapped children for which the government had requested UNICEF supplies. Advice was given upon supplies for antituberculosis campaigns. A consultant went to Yugoslavia to advise the government on the modernization of an existing penicillin plant and on production of crystalline penicillin. A WHO consultant in dentistry made a survey in Yugoslavia towards the end of the year. Twenty-five fellowships were awarded, and medical literature was supplied to various training centers and institutions.

EASTERN MEDITERRANEAN REGION

Activities of the Regional Office for the Eastern Mediterranean, at Alexandria, in its first complete year of operation, were directed along three channels: (1) collection of information on dominant health problems of countries in the region; (2) management of health projects already in operation; and (3) formulation of programs for future operations. In specific diseases the principal scourges of the Eastern Mediterranean Region, as of much of the rest of the world, are malaria, tuberculosis, and venereal diseases. Trachoma and leishmaniasis present particular problems; bilharziasis and bejel exist in more localized areas, but are nevertheless of considerable importance; and certain states are especially concerned with leprosy. These and other regional questions were considered, and programs for 1951 and 1952 were discussed and approved at the third session of the Regional Committee, held at Yildiz Palace, Istanbul, from September 4 to 7. During the year, the Regional Office administered 21 allotments for advisory and demonstration services, and 23 for fellowships, medical literature, and teaching equipment.

Regional Activities

Malaria. Antimalarial activities in the region have ranged over a wide field. In **Pakistan,** where UNICEF provided supplies and WHO technical assistance, the malaria demonstration team is nearing completion of two years of its program, and one of the most significant results is that the government has undertaken extensive antimalarial operations in two other centers in the province where the team is operating. In **Iran,** the method of collaboration has been on different lines: The government itself has provided stores and equipment for a nationwide campaign, and WHO has furnished an advisory team of experts. Advisory services in malaria control have also been provided, in **Iraq,** to assist the government in residual insecticide spraying in areas inundated by abnormal floods. Special allocations were made to the Malaria Institute of **Pakistan** and the Rosh Pinna Malaria Research Station in **Israel.** A research program for field and laboratory observations on the effectiveness of DDT against various species of local anopheline vectors was under way at the Rosh Pinna Station.

Venereal Diseases. In **Iraq,** a project for medical and serological investigation and mass treatment of bejel was formulated, approved by UNICEF and WHO, and started in the last quarter of 1950. This program will be extended to **Syria** at a later date. In **Egypt,** arrangements were completed for the demonstration project in control of venereal diseases, to be carried out in 1951.

Tuberculosis. The regional adviser and a consultant surveyed tuberculosis problems in the region and assisted health authorities in planning an antituberculosis campaign in **French Somaliland, Iran, Iraq, Israel, Pakistan,** and **Turkey.** A tuberculosis demonstration training center was inaugurated at Istanbul for medical officers, nurses, and x-ray technicians. A program for setting up further demonstration centers in **Turkey,** to be operated entirely by local staff, has also been prepared. Plans for other projects in tuberculosis control include tuberculosis training centers at Dacca and Karachi in **Pakistan,** sponsored jointly by WHO and UNICEF, and demonstration projects in **Iran** and **Iraq.** Close contact has been maintained with the Joint Enterprise in its BCG programs in **Egypt, Israel, Lebanon, Syria,** and in the camps of the **Palestine** refugees. The WHO BCG Research Unit has been working in **Egypt.**

Other Projects. The specialist on health education assigned to the demonstration team on control of venereal diseases working in **Egypt** made a survey of health education of the public in **Lebanon, Syria,** and among the **Palestine** refugees, and some of his recommendations were implemented by the Regional Office. WHO has also collaborated in a health education project for **Arab** states, which is being carried on by UNESCO; a joint regional program in fundamental and health education is being planned with UNESCO for 1951. WHO participated in a social welfare seminar for **Arab** states, held in Cairo, and organized by the United Nations. A nutrition course was held in Cairo under auspices of the Egyptian Government, FAO, and WHO, and was attended by nine medical graduates and 22 technicians from eight countries. A nutrition survey was carried out in **Egypt,** and another among the **Palestine** refugees, the former in conjunction with FAO.

Professional and Technical Education. The Regional Office has helped by giving assistance to training institutions and by awarding fellowships. Literature and equipment were supplied to nursing schools in **Ethiopia** and **Israel,** and to antimalaria and insect control institutions in **Egypt, Israel, Pakistan,** and **Turkey.** Budget control of the fellowship program for 1950 was decentralized to the Regional Office, which made arrangements for 35 regular fellowships during the year.

Health Services to Palestine Refugees. In addition to continuing to furnish a public health administrator to supervise health programs for refugees from **Palestine,** WHO has led campaigns in malaria and sanitation among the refugees, has provided services of a specialist in health education, and has made surveys in nutrition, nursing, and maternal and child health. Health conditions of refugees remain satisfactory.

Individual Governments Activities with WHO Help

Aden: A request for health posters in Arabic and an epidiascope was being fulfilled.

British Somaliland: Teaching equipment was sent.

Cyprus: Medical literature was furnished and an order was placed for an epidiascope. Two fellowships were awarded.

Egypt: Negotiations for establishment at Tanta of the demonstration team on venereal disease control was completed. A survey was made by WHO consultants in maternal and child health and in nursing. The BCG vaccination campaign carried on by the Joint Enterprise, planned to last one year, has been extended to 1951. Methods for controlling bilharziasis and the problem of rural sanitation was subjected to intensive study by WHO in collaboration with the government and the Rockefeller Foundation, in their joint project at Sindibis. Similar studies were undertaken in the sugar growing region at Kom Ombo in Upper Egypt

and in the Sudan. WHO participated in a social welfare seminar for Arab states of the Middle East, convened by the UN at Cairo. An expert from WHO and one from FAO carried out a joint survey of nutritional problems in representative localities and population groups and a consultant on dentistry made a survey. Seven fellowships were awarded, and teaching equipment and medical literature were supplied to the insect eradication center.

Eritrea: The consultant in public health administration found that the main problem was lack of personnel.

Ethiopia: A government request for assistance in attacking a problem of immediate importance—leprosy—was complied with by provision of drugs (particularly the new sulfone derivatives) and services of a WHO consultant, and at the end of the year a leprosy control program was being initiated. Eleven fellowships were awarded, and teaching equipment and literature were procured for two nurses' schools.

French Somaliland: The tuberculosis problem was surveyed by WHO and recommendations were made to the authorities in Djibouti.

Iran: WHO aided the government in its campaign against malaria. The WHO advisory team consisted of a malariologist, an entomologist, and a sanitary engineer to furnish expert advice on organiation and techniques of the antimalarial measures. The nursing problem and the maternal and child health situation in Iran were studied. The regional adviser synchronized his visit with that of the head of the Joint Enterprise and of a member of the League of Red Cross Societies, and a joint plan for tuberculosis control was drawn up, which will probably be implemented early in 1951. A survey of dentistry was made. Nine fellowships were awarded.

Iraq: The principal WHO activity was the setting up of a joint WHO UNICEF demonstration of bejel control. By the end of the year supplies had been sent by UNICEF, and the chief medical adviser, the serologist, and the venereologist had arrived and were making preliminary arrangements. The malaria situation and control program were studied, and a joint WHO/UNICEF program of malaria control demonstration is envisaged for 1951. A short survey of health education was made, as well as a rural health survey. The regional adviser in tuberculosis visited Baghdad and assisted the government in drawing up a plan for a coordinated antituberculosis project to be carried out with WHO/UNICEF assistance. Two fellowships were awarded, and the government was supplied with medical literature and teaching equipment, including a microscope, serological apparatus, and nursing equipment.

Israel: The BCG vaccination campaign initiated by the Joint Enterprise in 1949 was concluded in 1950. The government offered facilities for regional malaria research in the Rosh Pinna Malaria Station, and WHO accordingly prepared an outline for research and insecticides. Plans were made for WHO assistance in combating the problems of rabies and brucellosis. WHO supplied Israel with medical literature, sent teaching equipment and stores to the malaria research station, the nursing school, and the influenza center, and awarded three fellowships. A team of Danish specialists in thoracic surgery demonstrated the latest methods of surgery on patients with congenital heart diseases.

Jordan, Hashemite Kingdom of the: After a survey was made in 1949 of health conditions in the Hashemite Kingdom of the Jordan, it was recommended that the public health administration in Jordan should be strengthened by extending the work of mobile medical units, and WHO provided a mobile clinic fitted with drugs and equipment for use in desert and semi-desert areas, particularly among the nomadic population. The regional adviser in public health administration carried out surveys, and plans were made for further advisory services during 1951 by specialists in maternal and child health and malaria. A health education program in the refugee camps located in Jordan was carried on with local personnel which will later be utilized by the government. Medical literature on general public health subjects has been supplied, and provision has been made for equipment to be sent to the State Laboratory. One fellowship was awarded.

Maternal and Child Health Program for Palestine refugees, a WHO/UNICEF project.

Lebanon: The BCG antituberculosis campaign, under the auspices of the Joint Enterprise, was completed. During 1951 and 1952 services of the BCG adviser will be made available to the government to continue BCG vaccination under a joint WHO/UNICEF program. Technical advice on sanitary engineering was given to the government, and the regional adviser carried on a detailed investigation of the administration of health services. The nursing adviser made a nursing survey, and at the government's request WHO agreed to assist in establishment of a school of hygiene. A study was made of the health education of the people, and it was arranged for students to work on a health education program in the refugee camps during their summer vacations. A mobile health education unit was supplied to the government, which has agreed to maintain and utilize it in rural areas. A survey of dentistry was made by a WHO consultant. Four fellowships were awarded, and medical literature was supplied.

Libya: At the request of the UN and in connection with the Technical Assistance program, the consultant of public health administration visited the country.

Pakistan: A malaria demonstration team completed its second spraying operation and carried out a preliminary survey of the incidence of kala-azar. The public health nurse attached to the WHO malaria team trained midwives and assisted in improving maternal and child health conditions. WHO forwarded to the

INTERNATIONAL TUBERCULOSIS CAMPAIGN

An Egyptian boy having his tuberculin tests read.

A Pakistani lad reports for BCG inoculation.

government a preliminary survey report of venereal disease in Karachi, Lahore, and Dacca. Two projects for assisting with tuberculosis training centers at Karachi and Dacca have been studied by WHO and UNICEF. A further plan for joint WHO/UNICEF assistance for a maternal and child health training and demonstration center at Lahore was studied. WHO has supplied medical literature on malaria and made arrangements for procuring periodicals and books on tuberculosis. A large proportion of equipment and stores requested for the Malaria Institute of Pakistan were supplied and orders for remaining items were processed. One WHO fellowship was awarded, and five UNICEF fellowships were administered by WHO.

Saudi Arabia: Upon request of the Saudi Arabian public health service, the regional office arranged for a supply of smallpox vaccine to be shipped in installments from Egypt. Plans were made for assistance to Saudi Arabia in 1951 and 1952 in public health administration, environmental sanitation, maternal and child health, and control of malaria, venereal disease, and tuberculosis. Two fellowships in communicable diseases were awarded.

Sudan, Anglo-Egyptian: Local medical installations in the Sudan were visited. Studies on methods of controlling bilharziasis and on problems of rural sanitation were made in the Gezira Cotton Estate in the Sudan by the Egyptian Government, WHO and the Rockefeller Foundation. Two fellowships were awarded.

Syria: The regional adviser in public health administration made a survey and discussed the major health problem of Syria with the public health authorities. The WHO malaria consultant, with UNRWAPRNE (United Nations Relief Works Administration for Palestine Refugees in the Near East), carried out a malaria survey of two valleys in the Jezireh area. The bilharziasis problem in Syria was studied. The regional adviser in tuberculosis visited Damascus and aided in the planning of a BCG program. The WHO specialist in health education visited Syria and suggested that the subject of health education be introduced into the curriculum of the teachers' college of the University of Syria. A request for a mobile health education unit is being fulfilled. The nursing adviser from the Regional Office made a survey of nursing conditions in Syria. Three fellowships were awarded.

Turkey: Plans were completed for the tuberculosis demonstration and training project at Istanbul. The agreement entailed the building of a model tuberculosis control center by the government and the Tuberculosis Control League of Istanbul. A WHO team began the program and the government cooperated by placing one senior and two junior phthisiologists at their disposal. A consultant on anthrax was sent at the request of the government. Plans were made for assistance in brucellosis control. Towards the end of the year, a WHO team of Danish experts in thoracic surgery demonstrated the latest methods of surgery on patients with congenital heart disease by acutal operations, with the assistance of local staff. Medical and surgical equipment for these operations was provided by WHO.

WESTERN PACIFIC REGION

Need for setting up an office for this region became urgent during 1950. A temporary office* was established in Hong Kong and has not functioned long enough to undertake extensive services to the countries within the region. It has maintained close cooperation with the Singapore Epidemiological Intelligence Station. While epidemiological studies have been started, plans for future studies of the geography of diseases affecting the region are being drawn up, and research on various health problems is being planned on an intraregional basis, as economy and expediency permit. WHO has provided direct assistance to governmental programs, through joint programs with UNICEF, and through participation on the enlarged program of technical assistance for economic development of underdeveloped areas. Direct assistance took the form of fellowships, projects for which technical advice and equipment have been supplied by WHO (the equipment sometimes on a reimbursable basis), dissemination of information, and provision of medical literature and teaching equipment. Surveys were conducted by WHO regional advisers to guide governments in formulating requests for supplies from UNICEF and further surveys were made to examine possibilities of the specific projects proposed. When these projects have been approved by both WHO and UNICEF, WHO will have responsibility for technical supervision of activities. Collaboration has been maintained with specialized agencies of the United Nations, such as FAO, as well as with government health administrations of the various countries. In the future there will be plans for cooperation with the many scientific and professional groups which contribute in one way or another to advancement of health in countries within the region. A closer study of health problems in the region is greatly needed and will be undertaken by the regional office as soon as initial organizational problems are solved and adequate staffs obtained.

Individual Governments Activities with WHO Help

Australia: WHO awarded two fellowships for Australian physicians to study social pediatrics in Canada, the United States of America, Finland, Sweden, and Norway. An expert consultant visited Melbourne to look into the production of BCG vaccine with a view to having it approved by WHO for future use in tuberculosis projects in the region. WHO is making inquiries into the possibility of using training facilities of the country for training personnel from other countries in the region. An FAO/WHO brucellosis center was established at Parkville.

Brunei: On account of the ravages of the last war, Brunei is greatly in need of assistance in improving its public health conditions. WHO activities were begun in the form of a WHO/UNICEF nursing project designed to improve nursing standards in the country. Working against heavy odds, the WHO/UNICEF team has been able to establish antenatal and preschool clinics, make home and school visits, and undertake health education. The two principal problems it has encountered are lack of suitable understudies and inadequacy of space in the clinics resulting from increased attendance. Activities of the team aroused interest and enthusiasm in the type of work in which it is engaged and the government requested that the project be extended from 12 to 18 months. At the end of the year, the tuberculosis adviser visited Brunei to discuss possibilities of starting a control project for tuberculosis, including BCG vaccination.

Cambodia: To obtain a general picture of the health situation in Cambodia, two members of the advisory staff of the Temporary Office visited this country during the year. In compliance with a request from the government for the provision of a malaria and insect control team, on a reimbursable basis, a team leader was sent to the country, and a sanitary engineer had been recruited by the end of the year.

China: In line with the policy of regionalization and also because the Temporary Office for the Western Pacific was to be established in Hong Kong, WHO's Shanghai Office was closed on July 31. There was some disruption in the fellowship program for China. Fellowships previously awarded were not taken up because of the inability of recipients to obtain passports and permission to leave the country. Of those who were using their fellowships, three were still in the United States of America at the end of the year. Medical literature was sent to China for the Shanghai Medical College and has been ordered for institutions such as the Chinese Medical Association and the Canton Central Hospital.

Formosa (Taiwan): In Formosa two projects are being worked out in collaboration with UNICEF—a tuberculosis BCG program and a maternal and child health trachoma project.

Hong Kong: The regional adviser in tuberculosis visited Hong Kong, and a joint WHO/UNICEF projection tuberculosis was being started at the end of the year. Supplies from UNICEF had already been delivered, and a mobile x-ray unit was under procurement. WHO has also included in its 1951 budget a program in health education proposed by the Hong Kong Government in September. Six fellowships were awarded by UNICEF and administered by WHO during the year. One WHO fellowship in port sanitation was also awarded.

Korea: The present war conditions in Korea necessitated withdrawal from this country of the WHO team on maternal and child health after it had made a survey and had begun its work. On account of the conflict, a fellowship which had been awarded was not utilized. On July 31 in compliance with a request of the Security Council, WHO recruited experts and assigned them to handle health aspects of a relief program for civilians in the devastated area under the Unified Command in Korea.

Malaya: A joint WHO/UNICEF project for improvement of nursing standards in Malaya was started. In connection with a joint WHO/UNICEF BCG campaign against tuberculosis, the regional adviser in tuberculosis visited the country, investigated the situation, and made recommendations. Subsequently, supplies were sent by UNICEF, and a team of a doctor and two nurses, assisted by a local team of seven, started activities. Four UNICEF fellowships for health visitors were awarded students in Malaya by UNICEF, and were administered by WHO. Two UNICEF fellowships in dental nursing were awarded.

New Zealand: This country has so far taken advantage of WHO's assistance only by requesting and being awarded a fellowship in public health nursing. When the Director-General paid a visit to New Zealand, the government, however, requested medical literature on behalf of the library of the Medical School of Dunedin.

*In May, 1951, the permanent office for the Western Pacific Region was established at Manila.

First laboratory in the Philippines for the production of BCG serum, built by the government with aid of UNICEF.

At the end of the year some of the books had already been supplied and the rest were being procured by the WHO library.

North Borneo: A program in nursing and maternal and child health was undertaken with assistance from WHO and UNICEF.

Republic of the Philippines: The Philippine Republic was assisted by WHO, in collaboration with UNICEF, in a number of projects. At the end of the year a WHO specialist in BCG production had finished his work in Alabang after having observed conditions in various institutions in the country and having helped the government to put into effect certain changes which will lead to WHO's official recognition of the diagnostic and BCG production laboratory located there. This recognition has been recommended and the first batch of BCG vaccine for clinical use has been sent out from this laboratory. In full production, the laboratory will be one of the largest of its kind in the world and could be a source of BCG vaccine not only for countries within the region but for others. The regional adviser in tuberculosis went to Manila to consult with the government, with UNICEF, and with the BCG production expert about the new five-year plan for tuberculosis control being prepared by the government. Preliminary draft proposals for assistance in this project have been made. A WHO/UNICEF rural health demonstration program and teaching center was in operation, with a team of two—a WHO pediatrician and a public health nurse—helping a selected local staff to deal with problems in health and social welfare, with emphasis upon maternal and child health. Supplies and equipment were being furnished by UNICEF. A survey was completed by a WHO consultant in mental health early in the year, and a Filipino national was being recruited as psychiatrist for a joint WHO/UNICEF project for assistance in mental health work. Three WHO fellowships were awarded. Four other fellowships were awarded by UNICEF and administered by WHO.

Sarawak: For a nurse training project in Sarawak, WHO furnished a team of two—a pediatric nurse and a midwife. Equipment was sent by UNICEF; courses in midwifery and pediatric nursing were conducted in the school of nursing and improvements were effected in the children's ward of Kuching Hospital.

Singapore: WHO collaborated with UNICEF in various projects primarily designed to improve the health of mothers and children. At the end of the year, a feeding program had been in progress for some time. Plans were made for the BCG team working in Malaya to carry out a similar program in Singapore. During the year three fellowships were awarded by UNICEF and administered by WHO.

Viet Nam: The Chief of the Temporary Office and three regional advisers—upon maternal and child health, BCG, and tuberculosis—investigated the general public health situation in order to determine how WHO could help to improve existing activities. After observing BCG production at the Pasteur Institute at Saigon, the adviser on BCG suggested certain changes to bring the laboratory up to the standard required for official recognition by WHO. WHO planned to provide two teams for a country-wide BCG project, but the personnel has not yet been recruited. For a project in malaria and insect control in Viet Nam, in which WHO is assisting on a reimbursable basis, WHO recruited a malariologist and sanitary engineer. The sanitary engineer began at the end of the year to organize a spraying program and to assist in the training of personnel.

The Royal Sanitary Institute

• HEALTH CONGRESS •

THE CONGRESS held by the Royal Sanitary Institute at Southport April 23 to 27, 1951, was most successful and was attended by over 2,000 delegates. In addition to the many sections there were excursions in the afternoons to places of interest. The Conference was presided over by Lord Hesketh, whose family have been responsible for developing the area over the past one hundred years.

Discussions at the section organised by the Medical Officers of Health and the Section on Maternal and Child Health reflected the perturbation which is felt in the Public Health Service at the present time as to what the future may be. It would appear to the less optimistic that curative medicine is receiving an undue amount of attention and that preventive medicine is taking a subsidiary place. Not every speaker agreed with this point of view but there is no doubt it is almost inevitable that there should be heart searching during this period of transition. Medical Officers of Health are greatly concerned with problems of liaison between their departments and the general practitioners on one hand and the hospitals on the other. It is likely that in due course Parliament will be asked to pass an Act amending the National Health Service Act. The Medical Officers of Health were also discussing what amendments they should propose for inclusion in this Act. It was emphasised very strongly that hospital treatment should only be necessary when home treatment becomes impossible. It was very necessary to encourage local pride, local interest and local enterprise in hospitals and local health services which unless carefully guarded might be lost in the new arrangements.

At the section on Maternal and Child Health there was also a discussion as to whether it was desirable that there should be a division between the pre-natal and post-natal periods as far as administration was concerned, and the general opinion appeared to be that this was not desirable. The tragedy of the almost complete disappearance of the dental service in view of the greater attractions of private practice was once again emphasised, and the fact that money was being poured into the curative side was deplored.

It was pointed out that it was still desirable for children to be medically examined in their ordinary school environment and that nothing under the National Health Service had interfered with the responsibility of Assistant School Medical Officers to undertake routine medical inspections and ascertain the number of handicapped children by area.

In the section on Preventive Medicine the rheumatic diseases were discussed. It was estimated that 5,000 new cases of rheumatism occurred in children each year and that there are 250,000 people under the age of 40 in Great Britain whose hearts have been damaged by rheumatism. Even so, the situation has improved and the incidence of rheumatism is probably three or four times less frequent than it was between the two wars. It was felt that this was more likely to be due to improved housing conditions than to an improvement in nutrition. Prevention would elude us until the ætiology of the rheumatic disease was more fully understood. The action of cortesone and A.C.T.H. was non-specific, merely stimulating the tissue defence mechanism in general against agents which produce stress thereby releasing certain hormones from the adrenal which give rise to conditions such as arthritis, periarthritis and nephritis. Research is beyond the scope of individual investigators and should be by team work. This question of research was pursued still further in the Medical Officers of Health Section. Research may be designed to subserve the immediate practical requirements of good administration and planning or research may be of a more fundamental character whose purpose is to add to the knowledge from which preventive and promotive principles derive.

In the Maternal and Child Health Section the problems in the placement of children for adoption

were discussed, and it was felt that a great deal had still to be learned about the placement of children in this way.

In the section on Hygiene in Industry it was stated that the Ministry of National Insurance pays out ten times more in ordinary sickness benefit than in industrial injury benefit. The recent Dale report on the development of the industrial health services emphasised the importance of their coordination with the general health services. A physical disorder can have profound psychological and social consequences. The factory cannot be isolated from the rest of society. Rehabilitation is a mental, economic and occupational experiment and adventure and not merely the treatment of a physical injury. The industrial health service is a social service to the factory community and not a part of management or of the trade union.

The section on Food and Nutrition dealt with the composition and scientific control in the manufacture of ice cream, synthetic cream and other emulsified products.

The Health Visitors in their section were concerned with their present position and future training.

Veterinary Surgeons listened to observations regarding some animal parasites of public health importance, and were also concerned with plans to eradicate bovine tuberculosis.

In the section on Housing it was stated that local authorities can now build houses for all income groups, including those who are able to pay the full economic rental. This permits local authorities with large schemes to plan balanced communities. A family requires three homes during its existence—a small home for the newlyweds, a larger home to bring up the family and a smaller home for old age. There must also be provision of hostels or flats for single women. Scattered homes must be provided for small groups of children living apart from their parents where they can be well looked after by a foster mother. Transfers and exchanges in the local authority housing schemes are difficult and yet rather important if the accommodation in each type of dwelling is to be fully occupied. Segregation of the aged must be avoided. Population trends and the changing character of the area must be taken into account.

Other subjects which were considered were the design of a premature baby unit; sewage disposal in seaside towns; the administration of the Milk Regulations; food hygiene in theory and practice.

In the section on Tropical Diseases the President enunciated the theory that the greatest benefit to the health of a primitive community will be found along the lines of disease prevention and in the early stages of development, effort and expenditure should be concentrated in this direction. In primitive communities hospital organisation plays no significant part in the reduction of epidemic or endemic diseases and is a heavy financial burden on the community involving a large capital and recurrent expenditure. In another paper it was suggested that the greatest scourge of all epidemic diseases in West Africa is cerebro-spinal meningitis. In the epidemic of 1949-1950 92,964 cases occurred with 14,273 deaths—a case mortality of 15.4 percent. Other subjects discussed were the work of a Tuberculosis Unit in Kilimanjaro and methods of sewage disposal in India.

In all Sections there were lively discussions following the principal papers.

Reported by JEAN N. MCINTOSH, M.D.
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PIERRA HOON VEJJABUL, M.D.

First Woman Doctor of Thailand

THE STORY of Dr. Pierra Hoon Vejjabul, Thailand's first woman doctor, is the story of a woman who defied tradition and convention and overcame obstacles of family disapproval and poverty to reach her goal and who is now held in the highest esteem not only in her own country but the world over by those who have had the good fortune to know her and her work.

PIERRA HOON VEJJABUL, M.D.

Space allows only scant reference to Dr. Pierra's childhood in the teakwood forests of northern Siam, where she was born 41 years ago; to her education in Bangkok at a Catholic convent, though she was and is still Buddhist; to her decision to become a physician when, at eleven, she watched a French doctor save her mother's life; and to the strength of character and will power which carried her far beyond the narrow restrictions of the typical Siamese girl's life to France and the Faculty of Medicine of the University of Paris, from which she was graduated in 1932. Nor may we here set down the trials of hunger and poverty endured during those long, difficult years while she worked for her medical degree. Long before graduation, her skill and understanding had been recognized, and the Academy had begun to call upon her for assistance in surgery and research. For her research in venereal disease she received an Academy award.

Achievements in her own country since her return from France in 1937 have been many. She was immediately associated with the Ministry of Public Health in connection with the control of venereal disease and prostitution, a position which she still holds and has built up into astounding proportions. In her constant fight against venereal disease, she found herself during the war in the unique position of owning two houses of prostitution through which she endeavored to control, educate, and elevate the prostitutes, finally fitting them into normal and respectable lives. She founded her own maternity and child welfare hospital, where almost daily babies are left at her door; and she has adopted personally 35 children, the eldest of whom is only ten years old. Among these children, all girls but one, she hopes to find a follower who will carry on her work for women and children. Dr. Pierra organized the first University Women's Club in Thailand, is a leader in the work of the Young Women's Christian Association, and in the past year started publishing the first magazine for women and children in her effort to improve their health and education. She also has a daily radio program. She tends the sick in their homes and does surgery in the Bangkok Hospital. The name *Vejjabul,* meaning great woman doctor, was bestowed upon her by the Premier of Thailand.

Recently Dr. Pierra came to the United States to attend the Sixth Congress of the Medical Women's International Association and to study the methods of handling venereal disease in this country. She then visited many countries of Europe to study the question of prostitution, and in Rome she spoke at a medical convention on venereal disease. Upon leaving, she said, "Now I know about it and I go back home to fight for my country."

ROBERTA M. FLEMMING

DOMITILA DE CARVALHO, M.D.

Physician-Poet of Portugal

THE NAME of Domitila de Carvalho is well known to all women in Portugal as well as to all Portuguese men and women in literary circles. Her accomplishments have been many. From her youth she struggled for the fuller life, her mother's strong spirit being the only spur needed in her early years. This wonderful mother, a teacher in an elementary school, through her own hard work made it possible for her son to receive a medical education and for her daughter to study at the Lyceum.

DOMITILA DE CARVALHO, M.D.

Domitila de Carvalho's advanced studies were sponsored by the last Queen of Portugal, to whom, because of her kindness and help, she has always felt great gratitude. She graduated almost simultaneously in medicine, philosophy, and mathematics, and while still carrying on her studies was often awarded prizes for several exceptional papers, some of them of medical interest.

After graduating in medicine, Dr. De Carvalho settled in Lisbon where she carried on a general practice, although she devoted special attention to gynecology and diseases of children, for a long time holding the position of Consultant in Children's Diseases at the National Assistance to the Tuberculous. At the same time she taught at the first lyceum for women in Lisbon, of which she later became the rector. In addition, she served on several commissions on instructional and educational matters and was twice elected a deputy to the National Assembly. During those terms two bills which she introduced became law: one governing the admission of children to the cinema; the other providing for the teaching of hygiene and child care in all lyceums for women. Little by little, she devoted her energies exclusively to teaching, thus finally arriving at her true calling. She conducted several conferences, chiefly on problems concerned with the education of women and with the protection of childhood, and on other religious, social, and educational subjects.

Several of Dr. De Carvalho's books have been published. One of these—"Verses," beginning with the beautiful lines, "When our mind is resting,"—was dedicated to her protectress, Queen Amelia de Braganca. Alfonso Lopez Vieira, one of Portugal's finest poets, defined her poetry as being "her own embroidery, making her Author smile."

A short time ago, Dr. De Carvalho was decorated by the President of the Republic with the insignia of the Public Instruction Order. At present, this exceptional woman, great under many different aspects, has retired from her various activities.

For a foreword to one of her books, Alfonso Lopez Vieira wrote: "Banal flattery would mean nothing to this glorious woman who has been elected as a member of the Medical School despite all the dreadful prejudices of a school and a country." More recently, in Coimbra, a group of her admirers did homage to her. Her best poetry has been chosen to be engraved on the Penedo da Saudade, a place full of the traditions of Portugal's literary life. Thus, in Coimbra, the name of Domitila de Carvalho will have a place near those of the great Portuguese poets.

NAIR DE AZEVEDO, M.D.

Medical Women in Norway

Herdis Gundersen, M.D.

IT WAS IN 1882 that women were for the first time admitted to the University in Norway, and the first graduates received degrees in 1884; since this time women have continued to be permitted to attend. Marie Spaangberg Holth (1865-1942), Norway's first woman physician, obtained her medical degree from the University in 1893. (The first woman doctor in Finland graduated in 1879, the first in Denmark in 1885, and the first in Sweden in 1888.)

After graduation Dr. Spaangberg, as she was at that time, spent a year in Germany in the study of obstetrics and gynecology, and then returned to Norway, starting private practice in Oslo. In 1896, she received an appointment with the Commission of Health in Oslo, in the Department of Venereal Diseases, a position she held for twenty-two years. She treated venereal diseases in women and was one of the first physicians in Norway to use salvarsan and to give prenatal treatment for syphilis. She also received an appointment as adviser in medical legal questions at the State Hospital.

In 1897, she married the famous ophthalmologist, Dr. Soren Holth, and from then on shared his interests in diseases of the eye. With her charming personality and natural endowments she was able to adjust her medical interests to care for her home and three children; and for the pioneer work she accomplished as an outstanding woman and physician all medical women in Norway must feel grateful to her.

Twenty years after her graduation 43 women had obtained from the University their licenses to practice, and by 1931 the total number was 135. Today Norway has a population of about 3,500,000 with 3,257 doctors of medicine, of whom 300 are women; that is, about 9 per cent.

In 1921, the Norwegian Medical Women's Association was founded. Today it has 150 members. Conditions for women practicing in Norway are good; their position equals that of their male colleagues. This is well illustrated by the possibilities open to women for appointments and advancements in the hospitals. The present call for advanced education and the rapid changes taking place in medicine make it important that hospital appointments be open to all. In Norway these positions are filled according to qualifications, without regard to sex.

MARIE SPAANBERG-HOLTH, M.D.

The majority of women conduct private practice, chiefly in the largest towns. Only 19 per cent are specializing, as compared with 30 per cent of the

men. Naturally the woman physician is predominantly interested in one specialty, and in Norway as elsewhere this is the diseases of children (11). Still Norway has among its women physicians specialists in nearly every branch of medicine, except ear, nose, and throat, and some minor specialties. Ten are practicing as specialists in dermatology and venereal diseases; 7 in tuberculosis and diseases of the lung; 6 in psychiatry; 5 in obstetrics (of whom 2 are also gynecologists); 5 in internal medicine; 3 in surgery; 3 in rheumatic diseases; 3 in ophthalmology; 2 in radiology; and 1 in neurology.

Although one might expect that women would to a large extent specialize in obstetrics and gynecology, this is not the case in Norway; because of certain difficulties these fields of medicine are also the hardest for men to enter.

Many women have held positions as assistant doctors on hospital staffs; some have gone higher; and a few have even been head doctors. Today there are 5 women serving as heads of departments; 2 in psychiatry; 1 in child psychiatry; 1 in tuberculosis; and 1 in radiology. One woman who became head of a department of dermatology has since retired. Two of our women physicians have received their doctor's degree. In State positions also women have been recognized. There are 3 health officers in the country, and women are in positions in prisons and in the public health service. One woman doctor has served in Parliament for two periods, six years in all. It is evident that the road is open in every direction for medical women in Norway—even though at times it seems more difficult. Everything depends upon the women themselves, their ability, and their energy.

Although the figure of 19 per cent specialists among women doctors as compared with 30 per cent among men seems small, it must be taken into consideration that 60 per cent of the women physicians are married and have one child or more. Pregnancies and care of children and of the home may retard or temporarily interrupt further education among these women.

Medical women in Norway have better working conditions than those in many other countries. Their future aim must be to utilize all possibilities for further education, so that more and more women may achieve high positions in medicine.

News of Women in Medicine

Staff members of the Air Force School of Aviation Medicine, Randolph Field, Texas, took an active part in the annual meeting of the Aero Medical Association held recently in Denver, Colorado. It is interesting to note that a woman physician was among those presenting papers at this meeting; MAJOR ELIZABETH GUILD of the Air Force School gave a paper entitled, "Acoustic Trauma in Aircraft Maintenance Workers."

A dispensary has been set up in Pusan, Korea, by the Maryknoll Sisters, who were among the first civilians permitted to enter Korea since the war began last June. The medical team of Sisters comprises two doctors, a pharmacist, two nurses, a laboratory technician, a secretary, and a teacher. The dispensary floor is made of packing-box boards and there is little furniture. SISTER MARY MERCY, M.D., relates there were enough shipping crates to supply wood for most of the floor, and hopes to obtain sufficient furniture to outfit a pediatric clinic. Helping to establish the clinic is SISTER AGNUS THERESE, M.D., who has also been going out on "house calls" in the morning, while Sister Mercy does the dispensary work. In the afternoons both doctors go out on the mountainsides or to the other side of the town where there are sick people. It is the hope of the Sisters that they will soon have a laboratory to aid them in their work.

DR. MARY T. MARTIN SLOOP of Crossnore, Avery County, North Carolina, has been named the American Mother of 1951. She is the founder of the Crossnore School where it is said "she has been a mother to 3,000 mountain children." Dr. Sloop has changed and improved the lives of the people of Avery County by bringing to it schools, roads, a twenty-bed hospital with dental clinic, and a spirit of cooperation in the community.

A testimonial scroll has been presented to DR. ELEANOR A. CAMPBELL of New York by Mayor Impellitteri. Dr. Campbell is general director and co-founder of the Judson Health Center. The Mayor commended her for her "distinguished record in her humanitarian field." In its thirty years of operation, the center has performed about one million health services in a most needy area.

For the past few months DR. SHARYN PANDIT of India, in the United States on a WHO fellowship, has been observing our methods of handling maternal and child health problems under a program arranged by the Children's Bureau. Dr. Pandit

is Adviser on Maternity and Child Health to the Director-General of Health Services, Government of India. She is also Secretary of the Association of Medical Women of India. Before returning to India, Dr. Pandit plans to visit clinics and hospitals in Great Britain and the Scandinavian countries.

DR. SALARD JUNHAVAT of Thailand is one of the students now in the United States on a fellowship from the American Association of University Women. She is specializing in anesthesia at George Washington University Hospital in Washington, D. C.

DR. MINNIE L. MAFFETT of Dallas, Texas, has left for Germany to fulfill an assignment from the Women's Bureau of the United States Department of Labor. Dr. Maffett will be a member of one of several teams of women who will aid in the education of German women in the American Occupied Zone. She is a surgeon and gynecologist, and honorary president of the National Federation of Business and Professional Women.

MOTHER ANNA DENGEL, M.D., superior general of the Medical Mission Sisters, recently visited Guam to study the possibility of establishing an institution of her community there. The Sisterhood was asked to found a school of nursing at the Guam Memorial Hospital.

This year the Mary Putnam Jacobi Fellowship has been awarded to DR. MARY PALEOLOGUS of Athens, Greece, who is studying child psychiatry at the New York University Post-Graduate Medical School. She hopes to do teaching and research in child psychiatry and neurology, and become a practicing pediatrician.

The Ministry of Health of Indonesia invited WHO to help plan the nation's Maternal & Child Health program, and DR. CICELY D. WILLIAMS, Adviser on Maternal & Child Health for the Southeast Asia Region, went to Indonesia on a three-week visit. She made inspection trips to Bandung, Jogjakarta, Solo, Salatiga, Semarang, and found that the hospitals in all these places were well maintained and excellently administered. Dr. Williams was also impressed by the accomodations for maternity cases and the thoroughgoing training course for midwives.

At the fifty-fourth commencement of Cornell University Medical College, eleven women received their medical degrees in a class of eighty-seven graduates, the largest number in the history of the school.

DR. HELEN WALLACE, head of the division of maternity and newborn of the New York City Health Department, reports that the last year shows an increasing number of hospitals "babying" baby.

SHARYN PANDIT, M.D.

Mothers and new arrivals are now permitted to room together in four New York hospitals. The birth rate has also continued to mount throughout 1950 and is now approaching war-year levels.

The Southern Regional Council has reported that there is a trend in the South to provide hospital and clinical facilities for Negro patients in separate units or wings in existing hospitals, with Negro physicians permitted to share the facilities. There is an indication that such a system will improve the health standards of the Negro population. In September 1950, DR. R. JOSEY FORDE, a Negro woman physician, was appointed to the staff of the University Hospital in Augusta, Georgia, to handle cases in obstetrics, gynecology, and pediatrics among the patients in the Lamar wing for Negroes. Dr. Forde is 27 years old and is a graduate of Howard University. Her father is an Augusta physician and her husband is a physician, too. She is the first woman physician and the first Negro to be appointed to the hospital's staff.

MARCELLE BERNARD, M.D., *News Editor*
635 East 211 Street, New York 67, N. Y.

RESIDENCY IN PEDIATRICS AVAILABLE

An 18 month residency in Pediatrics is available at Roosevelt Hospital, New York. This includes 3 months affiliated service at The Woman's Hospital and 3 months at Willard Parker Hospital for Communicable Diseases. Write to Dr. Alexander T. Martin, Roosevelt Hospital, New York, N. Y.

ESTELLA FORD WARNER, M.D.

On April 4, 1951, Dr. Estella Ford Warner arrived in Beirut, Lebanon, to assume the duties of Regional Public Health Representative in the Near East under the Point 4 program. She will establish a school of public health at the American University in Beirut. It is hoped that this first public health training center in that city will educate professional students and sub-professional personnel from all the Arab countries in methods of improving health conditions in their own countries.

Estella Ford was born in Ironwood, Michigan, on December 21, 1891. However, she spent most of her youth in Skagway, Alaska, where her father was a judge. In 1918 she was graduated from the University of Oregon Medical School. The same year she married Dr. Douglas Holmes Warner, a classmate. After graduating she joined the Young Women's Christian Association staff and was assigned to Archangel, Russia, where she worked among refugees.

From 1920 to 1922, she was Director of the Division of Child Hygiene, City Department of Health in Portland, Oregon, and held a similar position with the Oregon State Department of Health from 1922 to 1925. After serving as Chief of the Pediatric Service, Marion County Child Health Demonstration in Salem, Oregon, from 1925 to 1928, she became director in 1928 and continued in that capacity to 1930. From 1930 to 1932, she was a consultant in Child Hygiene with the United States Public Health Service.

Then came 1932, the year in which Dr. Warner was commissioned a regular officer in the United States Public Health Service, the first woman physician to receive a commission in any of the uniformed services.

The greater part of her time has been devoted to administering public health programs in underprivileged areas. For five years as a staff member of the Public Health Service, she worked among the Indians of New Mexico, Colorado, and Arizona, and again in 1942 she worked among Indian groups in California. She was one of the few white persons permitted by Indians to work with their tribal councils.

Her Public Health Service assignments continued to be varied and interesting. For seven years she served as Chief of the Maternal and Child Hygiene Division. While medical director of the Regional Office in Kansas City, Missouri, Dr. Warner organized food handlers in schools in the Dakotas, Missouri, Nebraska, Iowa, Minnesota, and Kansas. She was general medical consultant in the Public Health Service Office in Chicago for two years and had a similar length of service while Chief of the Division of States Relations, Washington, D. C. Since 1947 she has been Chief of the Division of State Grants of Public Health Service.

ESTELLA FORD WARNER, M.D.

Although Dr. Warner arrived in Beirut but a short time ago, she has already plunged into her work with her usual vigor and enthusiasm. "A new world, a new experience, a fascinating spot" is her description of her mission to Beirut. She has made speeches to the Medical School Faculty and to the Nurses Association. She has visited Syria, Transjordan, and Iraq to study conditions and to map her future plans. With Dr. Warner at the helm of this project, it cannot help but succeed—and lead to the improvement and betterment of health conditions in these areas.

Marcelle Bernard, M.D.

Journal of the
AMERICAN MEDICAL WOMEN'S ASSOCIATION

ASSOCIATION NEWS AND ANNOUNCEMENTS

MESSAGE FROM THE PRESIDENT

THE NEW OFFICERS of your Association join in extending to each of you greetings! With humility, with pride, and with enthusiasm we begin our year's work. It is our wish to carry out as faithfully as possible your plans and to help our organization to become more useful and satisfying to you as members and to women generally.

The particular objectives of the year will be:

(1) More active participation in medical, civic, and national affairs by women.
(2) A closer relationship between the branches and the national organization.
(3) Extension of the privilege of membership to all qualified medical women.
(4) Greater use of the JOURNAL by the organization.

Accomplishment of these objectives without your wholehearted support is impossible. Let us build together an Association of increased strength and influence!

Amey Chappell

AMEY CHAPPELL, M.D.

WE WELCOME THESE NEW MEMBERS

California

Edith Jeanne Pomeroy, M.D.—2139 Buchanan St., San Francisco. *Calif. 11, 1948. P**

District of Columbia

Jean J. Vivino, M.D.—2633 16th St., N.W., Washington. *Minn. 4, 1944. Rehab*

Illinois

Beryl M. McDonald, M.D.—1429 Myott Ave., Rockford. *Ill. 11, 1941. Pd*

Mary G. Breme, M.D.—Medical Building, Batavia Rd., Warrensville. *Ill. 11, 1942.*

Louisiana

Lucille Tognoni, M.D.—4609 Arts St., New Orleans. *La. 5, 1943. Pd*

Maryland

Dorothy Gill, M.D.—7011 Arlington Rd., Bethesda. *D. C. 1, 1938. I*

Massachusetts

Augusta F. Foster, M.D.—1163 Boylston St., Boston. *Mass. 7, 1947. PH*

Phyllis MacNeil-Rogers, M.D. (Associate)—New England Hospital for Women and Children, Dimock St., Boston. *Mass. 7, 1948. S*

Mississippi

Harriet Ann Murphy, M.D.—P.O. Box 54, Gulfport. *La. 5, 1946. Pd*

New York

Angeline Frances Simecek, M.D.—105-11 Ditmars Blvd., East Elmhurst, Long Island. *Neb. 5, 1933. G*

Ohio

Patricia V. Adams, M.D.—819 S. Fountain Ave., Springfield. *O. 40, 1946. Anes*

Texas

Lorraine I. Stengl, M.D.—331 East Watt St., El Campo. *Pa. 7, 1947. Pd ObG*

*See A.M.W.A. Yearbook, page 25, or A.M.A. Directory, for explanation of code used in this listing.

NEWS FROM THE BRANCHES

Branch One, Washington, D. C.

Branch One of the Women's Medical Society had its May meeting at the home of Dr. Cecile Fusfeld on May 1st. The guest speaker was Mr. Theodore Wiprud, secretary of the Medical Society of the District of Columbia and managing editor of *Medical Annals*. Mr. Wiprud discussed informally a variety of medico-legal problems presented in the form of questions from the members. Of particular interest were his statements regarding partnerships, bill collections, and suits for malpractice. Mr. Wiprud is the author of a book on the business side of medical practice.

A business meeting followed, the major points of which included:

The presentation of an amendment to the constitution by Dr. Renshaw to establish a fellowship committee. "It shall be the purpose of the committee to promote fellowship among women engaged in the field of medical practice . . ."

Various aspects of such an amendment were considered in the discussion which ensued.

Dr. Platt reported on the results of her questionnaire to women graduates in medicine saying that she had a hundred answers out of the two hundred and eight sent out. She urged that the members help in completing the survey.

The following officers were elected: Dr. Dorothy Holmes, *President;* Dr. Josephine Renshaw, *Vice President;* Dr. Mary K. Sartwell, *Treasurer;* Dr. Lois Platt, *Recording Secretary;* and Dr. Elizabeth Kahler, *Delegate to National.*

The annual award for outstanding service was voted unanimously to Dr. Anna Bartsch Dunne.

Following the business meeting, Mr. and Dr. Fusfeld were hosts at a buffet at which members and residents from various hospitals were present.

The final meeting of the year is to be held on June 5 at the home of Dr. Caroline Pincock. After a buffet supper there will be movies and the award for outstanding achievement.

Branch 38, Long Beach, California

Dr. Lucille McConnell entertained the Medical Women's Society at her new home for the May meeting. The women attorneys of Long Beach were special guests.

Officers for 1951 are Dr. Geneva Beatty, *President;* Dr. Lillian Walley, *President-Elect;* Dr. Pearl Sampson, *Secretary-Treasurer;* and Dr. Lucille McConnell, *Chairman of the Nominating Committee.*

Branch Eleven, Cincinnati, Ohio

On April 24th at the Ohio State Medical Association Meeting the Medical Women's Club had a cocktail party for members and guests. Dr. Aurelia McIntyre opened her offices in the Carew Tower. Following the party, the group adjourned to the Netherland Plaza Hotel for dinner.

Because of the small, congenial group, an informal discussion developed about personal lives. This was very refreshing after a day of professional thinking. The question was raised, "Do women physicians replace themselves?" A poll of the 21 present revealed that there were 23 children and six grandchildren of 10 mothers. Four of the mothers were grandmothers.

The conversation drifted to hobbies and it was interesting to find a great variety represented: travel, music, sculpture, oil painting, gardening, fruit farming, plant ecology, birds and their habitats, and deep sea fishing.

MEDICAL SCHOOL NEWS

University of California Medical School

A Junior Branch of the American Medical Women's Association has been established at the University of California Medical School in San Francisco. The officers are as follows: Helen Christensen, Junior Student, President; Eugenia Ng, Junior Student, Vice President; and Shirley Gaebler, Sophomore Student, Secretary.

Stanford University Medical School

During the Easter vacation, two Sophomore women medical students of Stanford University Medical School spent four days at the Children's Hospital as guests of the Resident Staff. These students, Miss Doris Todd and Miss Elaine Jones, felt that this project, proposed at the Board meeting in June, 1949, and acted upon favorably at the mid-winter Board meeting in November, 1949, was most worth while from the student's standpoint. A similar effort in other hospitals for women would help to interest the women students in our organization and in women's hospitals, to the benefit of both.

Eva Dodge, M.D., *Medical School News Editor*
University of Arkansas Medical School,
Little Rock, Arkansas.

Letters TO THE EDITOR

You will be interested to learn of the response from the Latin American countries to my broadcast of November 7, 1950, on the Congress of the Medical Women's International Association. I have a weekly lecture on the short wave radio program "Salud para Todos" (Health for All), which is broadcast twice a week to Latin America and some European countries. My lecture of November 7 was based on the Sixth Congress of the Medical Women's International Association and the important question of the Hygiene of Housework, the central theme of the Congress.

The lecture consisted of a resumé of the papers presented by the different medical women from all over the world and explained their interest in gathering material on the health problems of the women that work in the home.

The response from this broadcast was immediate and very extensive. Usually, the listeners of "Salud para Todos" write to me to request copies of a certain lecture in which they are particularly interested to obtain further information on a subject, to ask for bibliography, or for contact with American institutions or specialists, and to ask permission to use the material in professional or other publications, in the classroom, or in their libraries, etc.

The letters come in a proportion of 60 from medical persons to 40 from non-medical people. The latter group includes teachers, social workers, government officials, pharmacists, lawyers, parents, etc., and their number varies according to the interest on the subject discussed, the needs of their respective countries, the type and level of their cultures, and so on.

But in the case of the lecture on "Pathology of Housework," the response was overwhelming and unanimous everywhere. No other subject has brought so many letters from so many different people in different countries. Here are samples:

A housewife in PERU: ". . . it had to be a group of women doctors that cared for our health and well-being. My husband is a miner and they have medical programs and regulations for their work. But nobody cares for the housewife work or how good or bad it may be for her health and no doctors have told us how to do it easier or better. It is a debt all women have now towards you, women doctors, and I wish we could all help you. Could I have a copy of the report of the Congress?

The University of Santa Fe, ARGENTINA: ". . . it is a most important subject and we believe should be included in the training courses of various professions, . . . we would appreciate 20 copies of your lecture to use among our students . . ."

A lawyer in BOLIVIA: ". . . what are these women doctors going to do with their findings? Undoubtedly some of their conclusions will have to be incorporated in the legislation of working people . . . I would like to keep informed of the repercussions of their findings in the United States."

A father in VENEZUELA: ". . . we don't go as far as the American husband who helps wash dishes because we think it is not masculine, but some things should be changed in housework and I would not want my daughters to do it as my mother who killed herself washing and sweeping floors. . . Is there a school in the United States that would teach them a healthful way to be good housewives, even if they have to live with a small income?"

Director of a girls' school in MEXICO: ". . . this is very important data and should be incorporated in all schools of domestic science. We would be indebted to you for 25 copies of your lecture . . . Also if you would tell us where to ask for a complete report on the proceedings."

A doctor in COLOMBIA: ". . . I am now attached to a new housing project for the workers of new factories, and your lecture opened my eyes to the fact that although we have done much to plan for the health of these workers, nothing has really been plannd for the health of the wife at home. Most kitchens are very unhygienic places to work in . . . Many of these women work hours on end, with no rest and no end to their tasks . . . Some of the diseases you mentioned are extremely common among them . . . I would very much thank you for information on where to ask for the complete report of the Medical Women's Congress."

A social worker in CHILE: ". . . I noticed that there was not much information to the Medical Women's Congress on the conditions of the Latin American housewife . . . and God knows her needs are great and nothing is done for her health . . . If you need volunteers to send you data and material of their respective cities and countries I would be glad to send it to you."

A medical student in CUBA: ". . . many of us are specializing in gynecology, pediatrics, and public health, but I don't think we have done much for the woman at home and the way she works there . . . It is a universal problem and, although there are variations, it is practically the same basic question all over the world . . . A medical woman could do a lot of work and preventive medicine in a school of domestic science."

A professor in PORTUGAL: ". . . it is maybe a secondary problem considering the great health need of our time, but it is nevertheless considerable . . . I listened to your report but could not have time to take down your data . . . Could you send me a copy?"

A doctor in ITALY: ". . . this is really constructive medical work. I am tired of congresses that are only social occasions and maneuverings for position of the important figures . . . most people will say that housework is not very important but, being old and having seen much, I think that seemingly humble work and humble questions are really the most decisive."

A girl in FRANCE: ". . . I am writing to you because of what many women and girls feel these medical women are doing . . . It is claimed that modern girls refuse to do housework but nobody says why and so the girls are blamed. If they were well taught and if housework were appreciated they would react differently."

A pharmacist in BRAZIL: ". . . you don't need to be a doctor to understand your good work . . . as you know in the pharmacy many women explain their troubles and they are always the same . . . this Congress of Medical Women will really bring women of all countries together . . ."

A housewife in CANADA: ". . . a friend of mine in the Bolivian Delegation told me about your broadcast . . . I can't say that I am for career women . . . but if women doctors are going to get interested in us plain housewives that means they are still interested in feminine questions . . . if you would have a report in English, I would like to show it to some of my friends."

A maid in ECUADOR: ". . . dear doctor I listen to you while I take care of the child and also listen to what Dr. — says to his wife and some friends after you speak . . . I heard you say about conditions of work for domestic workers . . . we do not have any say in them . . . I am doing this work because my father died and I have to support my younger brothers and sister and had to give up my education, I wanted to become a nurse . . . If you women doctors don't fight for us nobody will . . . my thanks from all my heart."

A woman deputy: "We have pretty good legislation for mother and child now but as regards the health of the housewife there is not much . . . The facts are important to have in hand if we want to do something and present the problem . . . Is there a published report on the papers presented by the women doctors? I would like to buy 12 copies."

A women's club in VENEZUELA: ". . . this is the kind of material that should be publicized and we can't be grateful enough to you for making us know about it . . . As secretary I have been requested to ask you for all possible copies of your lecture . . . to distribute among our members."

A newspaper editor in MEXICO: ". . . giving full credit to the Voice of America and to your distinguished name, I want to ask permission to reprint your lecture on health and housework."

A magazine in PUERTO RICO: ". . . we are very much interested in your permission to publish your information of the International Medical Women's Congress."

A society of Pediatrics in CUBA: ". . . as we discussed it with you in our last meeting in New York we have been reprinting some of your lectures . . . are now particularly interested in the subject of pathology of housework. Is there a committee of doctors dedicated now to continue this work?"

A physical culture instructor: ". . . most interested in the proper way to do housework in relation to the right movement of the body. Has anything been published in Spanish on the subject?"

A hospital director of VENEZUELA: ". . . this heavy housework after every delivery is certainly unhealthy but I know of no doctors who give instructions to women on that question. Would like several copies of your lecture.'

These letters, and dozens more like these speak for themselves. I would like to ask you to make available to us at least a few copies of the JOURNAL OF THE AMERICAN MEDICAL WOMEN'S ASSOCIATION to send some of the key people who have written to me for copies of a full report on the Congress of the Medical Women's International Association of Philadelphia. And I am sure that they will put them to good use and that these copies will help bring further understanding and good will for women doctors everywhere, as well as awake many persons to the importance and extent of the problem of the Hygiene of Housework.

DOLORES CANALS, M.D.

MESSAGE FROM THE EDITOR

MEDICAL WOMEN around the world are interested in knowing what women doctors in other countries are doing. Sometimes we are inclined to believe that our international news may be more significant than our scientific articles. On those occasions on which we have sent our JOURNAL abroad we have been gratified at the number of letters received indicating interest in this publication.

The editor of the JOURNAL would like to receive news notices about the women in your country who are doing research; acquiring hospital, faculty, and governmental appointments; engaging in United Nations activities such as WHO, UNICEF, and UNESCO, and participating in the work of other international organizations. You may send these notes to the JOURNAL'S International Correspondents (listed on page 292) or directly to the editor.

Every woman physician who receives an outstanding appointment, whether she be in Europe, Asia, Africa, North or South America, is a stimulus not only to all women students just launched on a career in medicine but particularly to those undergraduates at the college level who are considering the various fields in which they will receive the fullest personal satisfaction for services rendered.

BOOK NOTICES

(Editor's Note:—These reviews represent the individual opinions of the reviewers and not necessarily those of the members of the Editorial Board of the JOURNAL.)

MEDICINE OF THE YEAR 1951. Editorial Direction, John B. Youmans, M.D., Dean, School of Medicine, Vanderbilt University. Third Issue. Pp. 263. Price $5.00. J. B. Lippincott Company, Philadelphia, 1951.

This is a summation of medical progress during the past year. It covers the advances in nearly all fields of medicine; the discoveries, the new concepts, successes and failures, and prognostic and diagnostic significance of tests and research.

All these subjects are presented in a manner which provides information useful to the practitioner in his daily tasks, and they bring him up to date on the newest theories and their true values.

The compilers of this text are all prominent medical men, members of the faculties of some of the best medical schools in the United States, and competent specialists in their respective fields of medical practice.

Here in one volume is the latest and best information to be had, and it will be of great benefit to all who seek to improve themselves in the care of their patients. Appended to each section is a list of references so that the reader can obtain detailed additional knowledge of the particular things most interesting to him.

The antibiotics are given an extensive coverage, presenting an exact depiction of their respective values, and of their uselessness in certain diseases for which they have been advocated as cures.

The book is written in sections, each one on a special medical subject, including internal medicine, surgery, obstetrics, pediatrics, allergy, and other specialties. It will be satisfactory to all who peruse it. This is the third issue of *Medicine of the Year;* with the previous volumes and future ones to come, they will be valuable additions to a library.

—C. H. Connor, M.D., F.A.C.S.

THE BASES OF HUMAN BEHAVIOR: A Biologic Approach to Psychiatry. By Leon J. Saul, M.D., Professor of Clinical Psychiatry, University of Pennsylvania School of Medicine; Psychiatric Consultant, Swarthmore College; Lecturer, Bryn Mawr College. Pp. 146, illustrations. Price $4.00. J. B. Lippincott Company, Philadelphia, 1951.

Most human beings are unaware or reluctant to admit that many of their worst troubles are the direct outcome of their own emotional immaturity and irrationality. Man prefers to regard himself as a jolly good fellow, and finds it more comforting to shift blame for the consequences of his shortcomings on everything but himself. With the rapidly progressing fruit of modern technology at his disposal, the hostility of man to man, which culminates in orgies of slaughter and destruction at regular intervals, may soon reach a point where racial extermination will not be an impossibility, unless the human animal makes a determined effort to grow up. Neither conferences, treaties, or international organizations are likely to save him, as long as he continues to be guided by infantile and illogical drives.

Although much remains to be learned in psychology, the application of the newly acquired knowledge to the handling of the child from the moment of its birth, offers at present the best hope for survival and a better life.

In the book under review, Dr. Saul makes a good case for psychiatry as an integral part of biology and physiology. He presents the mind as the product of numerous and intricate cellular interactions attempting all the time to adapt to a complex environment. The book is well written but one gets the impression that the author has tried to condense a little too much material in too small a space, resulting in loss of clarity in some places, if it is intended for first year students, as the preface indicates. There is a wealth of references which constitute a kind of catalogue for those who wish to pursue the subject further.

All attempts designed to make man more conscious and arouse his interest in the causes of his queer and frequently destructive behavior, are moves in the right direction and should be welcomed and encouraged.

—Elise S. L'Esperance, M.D.

HISTORY OF THE NEW ENGLAND FEMALE MEDICAL COLLEGE, 1848-1874. By Frederick C. Waite, M.D. Pp. 132, illustrated. Price $3.00. Published by Boston University School of Medicine, Boston, 1950.

This is the story of the institution which, Dr. Waite claims, was "the first in the United States for teaching medical subjects to women." Originator of the idea of a medical college for women, Samuel Gregory was its founder and its most active administrative officer, and the first chapter is devoted to a brief record of his life. Instruction at the college began in rented rooms on November 1, 1848 with a faculty of two men and a class of twelve women. Because of opposition by the medical profession and lack of funds, the curriculum the first years was limited to the subject of midwifery, but a full medical course was begun in 1852 and four women were granted the degree of Doctor of Medicine on March 3, 1854. In 1859, Marie Zakrzewska left the New York Infirmary to accept the appointment of Professor of Obstetrics. She was instrumental in establishing the Hospital for Women and Children but this had a short life and closed in 1862. That same day another hospital was founded, the New England Hospital for Women and Children which is still in existence (see December 1950 JOURNAL).

The story continues through periods of dissension and depression during and following the Civil War. One noteworthy event took place during this period, the graduation "on March 1, 1864 of Mrs. Rebecca Lee of Boston, the first negro woman to receive a medical degree in the United States, and probably in the world."

Gradual recovery took place during the next few years, funds for a new building were solicited, and finally the new college building was dedicated on November 2, 1870. A large debt had been acquired but it was hoped that contributions would be generous. Unfortunately a great fire in the business ditrict of Boston caused considerable destruction and most of the trustees sustained heavy losses. Also the general economic depression of 1873 was prevalent. Finally the New England Female Medical College was merged with Boston University, a homeopathic medical college, in 1874.

Dr. Waite has written a most interesting story of this institution, which was "the first in the world to give medical instruction to women"—and which "in its history had several priorities which have affected the entrance of women to the medical profession." Those interested in the history of medicine, particularly of women in medicine, will find this account not only entertaining but authoritative, as the statements of fact are well documented.

—Ada Chree Reid, M.D.

DISEASES OF THE HEART AND CIRCULATION. By Paul Wood, O.B.E., M.D. (Melbourne), F.R.C.P. (London), Director, Institute of Cardiology, London, Physician, National Heart Hospital, and Physician in charge of the Cardiac department, Brompton Hospital. Pp. 589, fully illustrated. Price, $12.50. J. B. Lippincott Company, Philadelphia, London, Montreal, 1951.

This is an exhaustive opus on the diseases of the heart and circulation, covering all phases of cardiology, describing all the diagnostic instruments now in use, explaining the cardiographs and the best methods of making these and x-rays of normal and abnormal structures.

The chapters on the various diseases, e.g., valvular lesions, rheumatic heart, endocarditis, pericarditis, congenital heart disease, circulatory disturbances, and all others, are thorough and complete. The text has been composed with clarity and precision, demonstrating the erudition of the author who, after a vast amount of research combined with his expert knowledge of his specialty, has produced it. Although the book is intended primarily for graduates, the needs of students and practitioners have been constantly borne in mind. The illustrations, charts, drawings, and sketches are numerous, averaging almost one or more to every page of context. The index is elaborate and arranged so as to be of use as a guide to the differential diagnoses. The lists of references after each chapter enable the reader to extend his study of particular subjects in detail, if he so desires.

This is a work that will be a material addition to our knowledge of diseases of the heart and circulation, which are of so much interest, not only to the medical profession but to the general public at the prenset time.

—Elise S. L'Esperance, M.D.

PERSONNEL ADMINISTRATION IN PUBLIC HEALTH NURSING. By William Brody, Director of Personnel, New York City Department of Health; Lecturer in Public Health Administration, Johns Hopkins University; formerly Director of Personnel, National War Labor Board. Pp. 197, illustrated. Price $3.75. The C. V. Mosby Company, St. Louis, 1951.

This volume describes and analyzes in 13 chapters the expansion contemplated and under way in Public Health Nursing. The author emphasizes the value of a close relationship between the operating official and the public health nurse. Sound principles of personnel management and human relations are described beyond the exclusive application to the special problems of public health nursing.

It is pointed out that in fields like public health nursing, human values are at least as important as the purely technical. Desirable conditions of employment give to the individual worker assurance and pride in her work, and give free play to creativeness and special skills.

This volume seems of special value to executive health officers as well as to the young nurse interested and anxious to obtain information about public health nursing.

Appendix "A" contains self appraisal of the personnel problem.

Appendix "B," samples of examination questions.

A bibliography, and a well done index complete this volume.

In the opinion of the reviewer, this book is a valuable contribution to the field of personnel administration as an applied science.

—Martha Brunner-Orne, M.D.

METHODS IN MEDICINE. By George R. Herrman, M.D., Ph.D., Professor of Medicine, University of Texas, Medical Branch, Galveston; Director of the Cardiovascular Service and Heart Station, University of Texas Hospitals, Consultant in Vascular Diseases, Marine Hospitals, U.S.P.H.S. Second Edition. Pp. 488. Price $7.50. C. V. Mosby Company, St. Louis, 1950.

A second edition of "Methods In Medicine" appears in honor of the 90th birthday of Dr. George Dock. During the twenty-five years which have elapsed since the first edition of "Methods in Medicine" appeared, internal medicine has advanced by leaps and bounds. A host of new discoveries has furnished more efficient therapeutic aids; subspecialties have developed and added greatly to the fundamental knowledge which must be mastered by the intern, resident and practitioner.

Nevertheless, this handy manual provides (in less than 500 pages) an excellent condensation of the minimal requirements of a systematic, diagnostic, medical study. Recognized clinical laboratory procedures and tests are described and evaluated. In addition, the author includes chapters summarizing therapeutic and dietetic methods.

A working outline table of contents is a pleasing feature of this book and contributes a great deal to its value as a handy reference in every day practice.

—William G. Leaman, Jr., M.D.

THE NEUROSES, Diagnosis and Management of Functional Disorders and Minor Psychoses. By Walter C. Alvarez, M.D., Professor of Medicine, Emeritus, Mayo Foundation, University of Minnesota; Emeritus Consultant in Medicine, the Mayo Clinic. Pp. 667. Price $10.00. W. B. Saunders Company, Philadelphia and London, 1951.

The substance of this book is a little different from what the title implies. Dr. Alvarez has set down in an interesting manner his ideas about the approach to the patient with stress on the technique of the interview and on the importance of studying the demeanor of the patient. The author's style is very lucid and he draws freely on his own experiences. The book is written entirely in the first person.

Dr. Alvarez describes many types of personalities that are encountered in medical practice. However, he does not classify them under the recognized neuroses. This section makes fascinating reading. Environment and heredity, as well as inner tensions, that contribute to personality types are discussed adequately. The author also touches on the psychoses, particularly their early and milder manifestations. The functional disorders of each system are taken up with proper emphasis on the differential diagnosis of organic and psycho-somatic disease.

Dr. Alvarez makes it clear that the successful handling of the nervous patient rests in good part on the physician's personality and his native ability to understand people. The importance of an adequate explanation to the patient of the functional nature of his symptoms after a careful analysis of the entire stiuation is thoroughly emphasized.

This text is very satisfactory in that the subject matter of psychotherapy is presented in a most realistic manner. The book is as well organized as one can expect for material that deals with many of the intangibles of medical practice.

—Constance Curtiss, M.D.

DIABETES MELLITUS, Principles and Treatment. By Garfield G. Duncan, M.D., Clinical Professor of Medicine, Jefferson Medical College; Director of Medical Division, Pennsylvania Hospital and the Benjamin Franklin Clinic, Philadelphia. Pp. 289, with 31 figures and 40 tables. Price $5.75. W. B. Saunders Company, Philadelphia and London, 1951.

This book is so interesting that the reader's attention is held from cover to cover. However, the arrangement is such that the student or busy practitioner may easily find material desired in one chapter without having to read through the book.

The author loses nothing scientific by writing in an unusually understandable manner. He achieves his purpose of collecting and correlating up-to-date principles of diabetes mellitus and of presenting a simplified outline for the treatment of this disease and its complications.

While clearly outlined, every possible phase is given so that any physician, without special experience among diabetics, can find in this book a reliable aid for proper advice to his diabetic patients.

—Elsie W. Brown, M.D.

SYMPOSIUM ON DYSMENORRHEA. Edited by Meta L. Greiner. Pp. 35. Price $1.00. Phi Delta Pi, National Professional Physical Education Fraternity for Women, Chicago, 1950.

This pamphlet contains nine articles and a foreword, and is published by Phi Delta Pi National Professional Physical Education Fraternity for Women in Chicago, Ill. It is therefore easily understood that the orthopedic aspect of the treatment of the condition is stressed. Six articles deal with this side of the problem, with great emphasis laid on describing and advocating the Billig exercises for the relief of painful menstruation. The importance of dysmenorrhea as a social and economic problem is pointed out. The seventh article deals with the problem of dysmenorrhea in the younger adult, which presents special problems due to the reluctance of young girls to seek medical help for disturbances in the sex organs and the difficulties in the examination. The eighth article presents the psychosomatic viewpoint in an easily understandable manner, and stresses the importance of a more psychological approach. The last article gives a short though very comprehensive summary of the current views as to etiology and treatment of dysmenorrhea. It should be clear to anybody who reads this pamphlet that dysmenorrhea is a major medical problem which at this time is far from being solved.

—Frank E. Orne, M.D.

ETERNAL EVE, The History of Gynaecology & Obstetrics. By Harvey Graham. Pp. 663, illustrated. Price $10.00. Doubleday & Company, Inc., Garden City, N. Y., 1951.

This volume is a history of obstetrics and gynecology. As obstetrics should, it starts "ab ovo" showing a woodcut of Adam and Eve on the cover. Legends from primitive peoples dealing with the miracle of propagation are reported and the slow change from mystic and magic concepts, from sorcery to science, is being traced. Reporting of the achievements of the ancient Greeks and Romans the author often expands his discussion to matters of general medical interest. The same can be seen in the history of the Middle Ages and later periods where the close connection of medical progress and surgical development with the achievements in obstetrics is being shown. A great number of anecdotes are reported, some of them tragic, many of them rather grim, some funny and amusing. They often bring home their points more clearly and sharply than dry report of facts could do. Major chapters are devoted to the great heroes in the field, such as John and William Hunter, the Chamberlains, Oliver Wendell Holmes, Ignaz Phillip Semmelweiss, James Sims and many others. The importance of Morton's discovery of ether anesthesia and Simpson's chloroform anesthesia is duly emphasized and their stories are told in an interesting manner. The development of x-rays and radium for therapy and diagnosis takes up a great deal of space and appears to be a rather thrilling story. The book is interesting reading for the layman as well as for the professional person. After reading of the tremendous advances through the ages, one keenly realizes that our present knowledge is just one phase in the development of medicine and that many problems are still awaiting their solution.

—Frank E. Orne, M.D.

MALIGNANT DISEASE OF THE FEMALE GENITAL TRACT. By Stanley Way, M.R.C.O.G., Gynaecologist to the Newcastle Regional Cancer Organization; Associate Surgeon, Gynaecological Department, Royal Victoria Infirmary, Newcastle-on-Tyne. Pp. 279, 38 illustrations. Price $5.00. The Blakiston Company, Philadelphia, 1951.

Here is an excellent addition to the physician's useful library. As with most English technical books it is also very readable. The volume is a summary of the present day concepts, both surgical, radiological, and pathological, of malignant diseases encountered in the female genital tract. It is not meant to be a manual of instruction in the available techniques of therapy discussed, but rather compares them pointing out their limitations as well as their prime indications.

The volume is well documented from leading clinics of the British Isles, Europe, and the Western Hemisphere. Its statistical tables of survival rates under various conditions make a comprehensive, usable digest of the text. The chapter on carcinoma of the vulva is particularly good, and includes an excellent discussion of the deep node dissections which are being used more and more as important adjuncts in the therapy of female genital cancers.

—Rosemary Nelson, M.D.

SURGICAL FORUM. Proceedings of the Forum Sessions; Thirty-Sixth Clinical Congress of the American College of Surgeons, Boston, Massachusetts—October, 1950. Pp. 665, 260 figs., 6 tables. Price $10.00. W. B. Saunders Company, Philadelphia and London, 1951.

This volume is the first of a contemplated series by the Surgical Forum of the American College of Surgeons, and it is hoped that a similar publication will continue to be produced annually.

Dr. O. H. Wangensteen, in his introduction, aptly sums up the essence of this volume as follows: "The Surgical Forum was born out of the great need for young men engaged in research on surgical problems, to have an opportunity to bring their work before an audience of surgeons." Each paper has been limited to 3000 words and as a result some are occasionally rather sketchy. However, the volume is provocative. It requires an excellent background in both past and recent developments in all of the basic sciences to enable one to acquire the maximum from the individual articles, which cover all of the major fields of surgery. This volume should be of great assistance to those who have allowed themselves to become careless in keeping in touch with the rapid progress of surgery resulting from the enthusiasm of the youthful, experimental minds.

—Rosemary Nelson, M.D.

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"Neoplasms of the Heart," by Mildred C. J. Pfeiffer, M.D., Director of Oncology, Woman's Medical College of Pennsylvania, Philadelphia, Pennsylvania.

"Periodontal Disease in Children," by Sylvia E. Zappler, M.D., D.D.S., Chief of Pedodontia Division, Mount Sinai Hospital, New York, New York.

"Medical Management of the Chronically Discharging Ear," by Dorothy P. Danno, M.D., Attending Physician, Ear, Nose, and Throat Service, Children's Hospital for Women and Children, San Francisco, California.

"Recent Advances in Endocrinology," by Rita S. Finkler, M.D., Chief of Department of Endocrinology, Newark Beth Israel Hospital, Newark, New Jersey.

"The Ovaries and Anterior Pituitary at the Climacteric," by Esther M. Greisheimer, M.D. Professor of Physiology, Temple University School of Medicine, Philadelphia, Pennsylvania.

THE JOURNAL'S NEW ADDRESS

On April 2, 1951, the JOURNAL moved its Editorial and Executive Offices from 118 Riverside Drive to the Gramercy Park Hotel. Henceforth please address all correspondence to the JOURNAL OF THE AMERICAN MEDICAL WOMEN'S ASSOCIATION, Suite 210, 2 Lexington Avenue, New York 10, N.Y.

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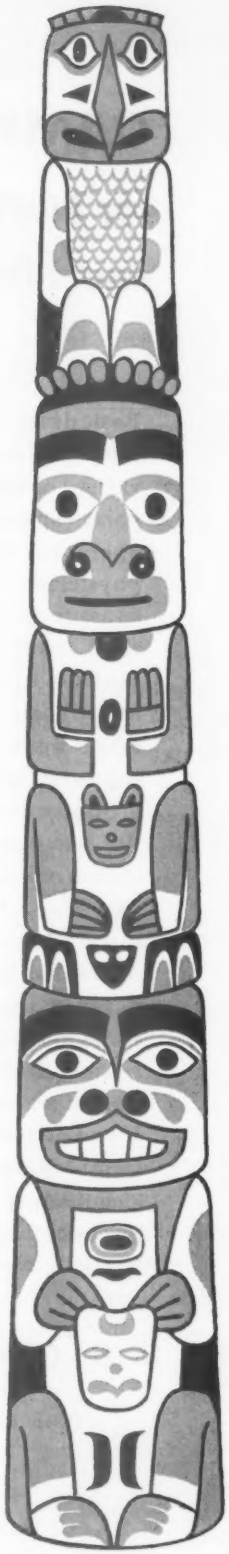

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3. Kelley, S. F.: Choice of Sympathomimetic Amines. Cornell Conferences on Therapy, II, 1947, p. 156.

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